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ABSTRACT

The first research effort undertaken to document conditions of life of older Indian and Alaskan Native people (aged 45 and older) nationwide was completed by the National Indian Council on Aging in 1980. Data were derived from results of a detailed survey administered to a random sample of 712 older Indians and Alaskan Natives from urban and rural areas across the country. Data included information on social resources, economic resources, mental health, physical health, ability to perform activities of daily living, receipt of services, housing conditions, and transportation needs. Major findings of the study included the following: character of life for Indian and Alaskan Natives is significantly different from that of the dominant population (i.e., relative income, education and employment levels, importance of extended family, and patterns of physical and mental health problems); impairment levels of Indians and Alaskan Natives 55 and older are comparable to non-Indian U.S. elderly 65 and older; existing service system falls short in satisfying needs for service; exact number and location of Indian elderly is not well documented, especially in urban areas; and review of legislation and funding sources relevant to Indian elderly revealed important discrepancies, among them in the definition of "Indian." (ERB)

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AMERICAN INDIAN ELDERLY: A NATIONAL PROFILE

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AMERICAN INDIAN ELDERLY: A National Profile

by the

National Indian Council on Aging

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Our deepest appreciation, however, must go to the tribes and urban centers that permitted us to carry out our research, to the many interviewers who laboriously and conscientiously gathered the data, and most especially, to the hundreds of Indian and Alaskan Native elders who allowed us to enter their lives during the course of this research effort.

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Chapter One

INTRODUCTION

The first research effort ever undertaken to document the conditions of life of older Indian and Alaskan Native people nationwide was completed by the National Indian Council on Aging in 1980.

The research examined in detail their economic and social resources, physical and mental health, capacity to perform the activities of daily living, housing conditions, transportation needs, and receipt of services.

Secondarily, the research also examined the characteristics of service providers currently serving Indian* communities, and identified federal programs and services which might be utilized by Indian aging programs.

This report presents the findings of the two-year study. The data are discussed within the body of the report and are presented in full in the Appendix. To assist the reader in interpreting the data, the report also presents a brief history of the project's development and discusses the research design, selection of the research instrument, sampling methodology, conduct of the field work, and data analysis. In the final chapter of the report, the National Indian Council on Aging presents a series of broad policy recommendations for serving the Indian elderly, developed on the basis of the research data.

The body of information resulting from this research is a major first step in remedying the serious lack of data on the Indian and Alaskan Native elderly.

Indeed, the virtual absence of reliable data on this population was the original impetus for the research. The project was designed to obtain basic information on the conditions of life for this group, as well as the characteristics of the service system available to it. One of the considerations within this framework was to arrive at some appropriate measure(s) by which to define the elderly or "aged" service population within the Indian/Alaskan Native community. The research was intended to allow reasonably detailed comparison of the conditions of life of Indian and non-Indian elderly in the U.S., and to be comprehensive and reliable enough to be useful in the development and modification of policies affecting Indian/Alaskan Native elderly.

The research, then, was designed to obtain baseline data on the well-being of Indian elderly along dimensions that could be compared to the general U.S. elderly population. This approach was chosen as the essential first step in establishing a solid basis for future policy development, program design, and research.

*Throughout this report, use of the term "Indian" includes reference to Alaskan Natives.

It is important to note that this approach has necessarily resulted in a body of data that focuses almost exclusively on aspects of life which are also shared by the non-Indian population. The research was not designed to investigate, nor does it reveal, those aspects of life which are uniquely "Indian" — the cultural values and beliefs surrounding life, death, old age, family, health and medicine, wealth and well-being.

Therefore, the research can tell us a great deal about the measurable circumstances of life for the Indian elderly. It can suggest areas of difficulty and of strength for Indian elders. But unless the findings are studied and interpreted within the context of Indian cultures, values, and political realities, they should not be used as a basis for detailed design of services, programs, and policies for Indian elderly.

This brings us to the issue of self-determination. An accurate perception of the legal and constitutional status of Indian tribes is fundamental to an understanding of the provision of services to elderly Indians. Among racial and ethnic minorities in this country, Indians are unique in that the Constitution, numerous court decisions, and federal law clearly reserve to federally recognized Indian tribes important powers of self-government. Historically, American Indian tribes living within the boundaries of federally recognized reservations retain many of the attributes of sovereignty available to states or political subdivisions of states. These powers include the right to adopt a form of government of their own choosing; to define tribal membership; to regulate the domestic relations of members; to tax; and to control by tribal laws enforced through the tribal courts the conduct of tribal members, and, in some instances, the conduct of nonmembers on reservations.

The origin of this unique legal status dates back to the arrival of European settlers in North America. The governing bodies of the various European settlements concluded formal treaties with the governing bodies of Indian tribes before the formation of the United States. The United States Constitution reserved the responsibility for dealing with Indian Tribes solely to the federal government. Therefore, the federal government, not the separate states, is the ultimate arbiter of the legal status of Indian tribes through acts of Congress.

Within the context of this unique trust relationship between the Federal government and Indian tribes, the philosophy of Indian self-determination is critical. Self-determination encompasses the right and ability of Indian tribes, as distinct legal and cultural entities, to determine their own futures within the bounds of U.S. law.

Thus, while the research is intended to be useful to a wide range of academicians, policy makers, and program planners, in the spirit of self-determination we hope above all that the data will be used **by the Indian Community** to develop and advocate for the kinds of programs, services, and policies that are best suited to the unique needs and cultures of Indian and Alaskan Native elders.

Chapter Two

SUMMARY OF FINDINGS

The major result of this study is a rich data base reflecting the conditions of life for Indian and Alaskan Natives aged 45 and older.

The data is derived from results of a detailed survey administered to a random sample of 712 older Indians and Alaskan Natives from urban and rural areas across the country. Included in the data is information on social resources, economic resources, mental health, physical health, the ability to perform the activities of daily living, the receipt of services, housing conditions, and transportation needs. No comparable national study has been undertaken for any other elderly population.

In addition to this major assessment of conditions, the research also included a survey of service providers in Indian communities and a review of sources of federal funding for Indian aging programs.

Major findings of the study include the following:

- The character of life for Indian and Alaskan Natives aged 45 and older is significantly different from that of the dominant population. Major differences between the Indian and non-Indian populations are evident throughout the data. These include such basic areas as relative income, education and employment levels, the importance of the extended family, and patterns of physical and mental health problems.

- Impairment levels of Indians and Alaskan Natives 55 and older are comparable to non-Indian U.S. elderly 65 and older. Rural Indians and Alaskan Natives 45 and older are comparable to non-Indian elderly 65 and older.

- The existing service system for Indian/Alaskan Native elderly falls short in satisfying needs for service. Although service delivery systems are in place in most Indian communities, it appears that services are being provided under the false assumption that the services delivered to the dominant society are also most suitable for the Indian community.

- The exact number and location of Indian/Alaskan Natives 45 and older is not well documented, especially in urban areas. Unless accurate population information is obtained, it will be impossible to determine the extent to which problems and needs of the Indian elderly exist in terms of the actual number of persons affected.

- Review of legislation and funding sources relevant to Indian elderly

revealed important discrepancies among them in the definition of "Indian".

The findings on character of life and impairment levels are discussed in Chapter Five and are presented in detail in the Appendix. Findings on the service delivery systems and federal funding sources are discussed in Chapter Six.

Chapter Three

PROJECT BACKGROUND

The National Indian Council on Aging was created in 1976, in response to growing concern within the Indian community over the problems facing the Indian and Alaskan Native elderly. Its establishment was the culmination of five years of effort by concerned Indian people around the country.

National attention was first drawn to the plight of the American Indian elderly when a special Indian Concerns Session was included in the 1971 White House Conference on Aging. A number of Indian people from various regions in the United States attended, identified issues related to the Indian elderly, and made recommendations for action. The recommendations were included in the Conference report — and no further action was taken.

The Indian participants in that Conference tried, over the next four years, to revive the issues they had raised in 1971, but to no avail. Finally, in the spring of 1975, delegates of Indian tribes from Arizona, Utah, and Nevada assembled at a conference on Indians and Aging at Arizona State University. They identified as one of their top priorities the need to hold a national Indian conference on aging. As a result, the National Tribal Chairmen's Association agreed to sponsor a conference project. With subsequent funding from the Administration on Aging, the first National Indian Conference on Aging was held in Phoenix, Arizona on June 15-17, 1976. Participants included more than 1,000 elderly from Indian and Alaskan Native communities throughout the nation.

The workshop groups at the conference defined unmet needs of the Indian elderly and made recommendations for remedial action. One recommendation was to establish a National Indian Task Force on Aging to follow up on the objectives established and to bring about the action recommended. This task force immediately incorporated as the National Indian Council on Aging. In January, 1977, the Council was funded as a three-year model project by the Administration on Aging.

The overall purpose of the National Indian Council on Aging is to advocate on behalf of the Indian and Alaskan Native elderly. In its advocate role, NICOA is guided by the recommendations for remedial action which were developed at the conference. As it pursued this objective, however, NICOA was seriously hampered by the lack of accurate data which could serve as a basis for developing or modifying programs and policies. Scientific documentation of the current status of Indian elderly was almost non-existent, as was data on the nature and effectiveness of the service delivery system vis-a-vis the elderly Indian population.

To address these gaps in knowledge, NICOA conceived a research

project designed to: (1) assess the conditions of Indian/Alaskan Native elderly nationwide, (2) gather information on the characteristics of the service delivery system serving Indian elders, and (3) identify and analyze federal programs which could be used to provide services to elderly Indians.

A research project involving these three components was expected to assist NICOA greatly in legislative advocacy, and to be useful to both NICOA and the aging network in policy analysis and modification, and in program design.

To develop this concept into a workable research project, NICOA requested the collaboration of The Assistance Group (TAG) of Silver Spring, Maryland. A management consulting and research firm, TAG provided expertise in such areas as needs assessment, assessing alternative approaches for service delivery and resource utilization, and analysis and development of policies and programs to address specific needs and conditions.

Primary responsibility for development of the project rested with NICOA. TAG was assigned to formulate the needs analysis design and had primary responsibility for all technical aspects of the inventory of services. NICOA defined the scope and content of the research and assured that the proposed research activities and resulting products were geared to the needs of the Indian community at all levels.

NICOA also called upon the expertise of two additional groups to assist in guiding and reviewing the research. One of these was a committee of three drawn from NICOA's governing body, its General Council. They were: John Carlile, Cherokee (Oklahoma); Sherman Lillard, Cherokee (North Carolina); and Pearl Warren, Makah (Washington State). The members of this Research Task Force were able to articulate local needs and experiences, and essentially provided a "grassroots" perspective on the research effort.

The second group was an advisory body composed of seven researchers with expertise in the area of minority aging. They were: Eddie Brown, Ph.D., Arizona Department of Economic Security; Genevieve Carter, Ph.D., University of Southern California (Professor Emeritus); Maria Hernandez-Peck, Ph.D., Antioch College; Ronald Lewis, Ph.D., University of Wisconsin-Milwaukee; Sol Jacobson, Ph.D., private consultant; Spero Manson, Ph.D., University of Oregon; and John Red Horse, Ph.D., Arizona State University. After the field research was completed, this group was asked to review the methodology and findings from a technical perspective.

Upon development of the research design, NICOA and TAG jointly prepared a grant proposal for submission to the Administration on Aging requesting funding under Title IV-B of the Older Americans Act.

As ultimately conceived, the proposed research was designed to add significantly to the limited data available on the Indian elderly. It was also

intended to provide substantial support to the future performance of NICOA's primary activities, particularly those related to legislative advocacy, policy development and program planning.

In addition, the research project was envisioned as an integral part of a larger effort to enhance the capability of the Indian Community to develop and administer aging services geared to the special conditions of the Indian elderly. In conjunction with the research proposal, NICOA developed a grant proposal for a capacity-building component designed to support the development of aging programs in the Indian community through provision of specialized training and technical assistance to personnel of tribes and Indian organizations in the federal regions with the largest Indian populations. The capacity-building proposal was submitted to the Administration on Aging for funding under Title IV-A, but was denied funding.

Even with the loss of the related capacity-building project, however, the research project retained its value and significance, and plans proceeded to develop and carry out the project.

A number of constraints were encountered in developing the project, however. Among the most important was the scarcity and/or unreliability of the most basic demographic data on the Indian population. For example, no firm data was available on the total number of Indians/Alaskan Natives in the U.S.; indeed, the discrepancies among the population figures established by the U.S. Bureau of the Census, the Bureau of Indian Affairs, and individual tribal rolls were sometimes startling! Moreover, the proportion of Indian people living in urban areas was also uncertain.

Other constraints on the development of a workable research plan included the remoteness of much of the Indian population and concern that the research be reasonably relevant to Indian cultures while still retaining comparability to data on non-Indian elderly.

The final research plan comprised three components. These were:

- **Needs assessment** - To determine the conditions of the national elderly Indian population, giving priority to determining a realistic variable or set of variables for defining "the aged" within the Indian community.

- **Service inventory** — To identify major characteristics of the current service delivery network and to identify available but under-utilized sources for developing additional services for elderly Indians.

- **Program analysis** — To develop policy recommendations and define a strategy for serving the Indian elderly which is realistic, efficient, effective, and supportive of Indian culture and tradition.

The three components are described in greater detail in subsequent

chapters. However, it should be evident that the three research components are very much planning-related. Each is an integral element of an overall process of policy and program development, yet each component alone has significant research utility.

Each of the components was carried out as a separate, discrete activity. They were, however, carefully tailored and coordinated, since the development of policy recommendations and strategies for service delivery is inextricably tied to the development of much improved data on existing needs and services.

Chapter Four

RESEARCH DESIGN

THE RESEARCH ISSUES

The object of this research project was to provide a sound data base for the development of policy, an appropriate program design in response to policy decisions, and ultimately the formulation of a plan of action for securing or implementing the program design. The basic assumptions of the research design were that policy, program design, and action planning should be based upon a sound knowledge of what the problems of the elderly Indian are, what activities are in place to address those problems, and what additional resources could be tapped. Examination of these fundamental concerns led to the formulation of four research issues, and, consequently, the development of the research plan.

The first and primary issue of interest was the development of a valid picture of the conditions of elderly Indians nationwide. A second, complementary issue was the determination of some understanding of the service delivery network currently in place, as an aid to understanding why conditions are as they are, and what immediate changes might be made by strengthening the current network.

A third issue, more directly concerned with the development of an intervention strategy, was the identification of resources that could be readily tapped to support a program design, that is, existing resources that have not been fully utilized.

In examining these issues, it became quickly apparent that the primary resources for alleviating the conditions of older Indians were, in many instances, programs or program components directed at "the elderly." Historically such programs emerged in the 1940's, 50's, and more dramatically in the 60's, in response to a growing public concern for the needs of a specific subgroup of the population sharing a common set of conditions. More specifically, a population that, stereotypically, were foreign born, farm-raised, under-educated, impoverished, and, in the later years, separated from their children, forced off the land into the cities, and required to function in an environment that they were singularly ill-equipped to deal with, either economically or emotionally.

These problems were recognized and responded to, not in terms of the conditions themselves, but in terms of the group of people who shared them in common. As a matter of immigration patterns, the growth of the public school system, industrialization and other national patterns, this population, by historical accident, shared a common age. Age, as such, became the criterion of eligibility for receiving public and private aid.

Advances in sociological research and gerontology demonstrate that the conditions of concern do not occur uniformly in the aged population, do not commence at any specific age, and are related to age only in terms of general tendency. Despite these advances in understanding, chronological age, per se, continues to be the administrative criterion for distributing resources that are available to address the "problems of the aged" and the criterion for individuals to access the services made available.

Certain analogies between today's aged Indian population and the population for whom elderly programs were created, and some indications that the Indian population appears to suffer the problems of aging at an earlier age, led to the formulation of a fourth research issue, namely: Does the Indian population have characteristics similar to the non-Indian population aged 60 and older beginning at a younger age?

If in fact chronologically younger Indians have the same conditions as the non-Indian "elderly," a case could be made for relaxing the age criteria employed by various funding sources, consequently increasing the resources available.

In summary, then, the research was aimed at four areas:

- Determining the conditions of the national elderly Indian population
- Determining if the conditions of the non-Indian elderly population were experienced by the Indian population at some earlier age
- Obtaining some understanding of the characteristics of the current service delivery network
- Identifying available but under-utilized sources for developing additional services for elderly Indians.

RESEARCH PLAN

Balancing the need to know with available funds, a basic research plan was evolved, with the following major elements:

1. Survey a national sample of American Indians and Alaskan Natives age 45 and older.
2. Identify and analyze federal programs which could be used to provide services to elderly Indians
3. Selectively sample significant service network members in areas near the population sample.

In subsequent discussion we will refer to these three elements as the needs analysis, the analysis of federal programs, and the services inventory.

The **needs analysis** was to be conducted using cluster sampling of federally recognized Indian tribes living on reservations and/or living

in Oklahoma, and Native Alaskans. This original scope was expanded to include a sampling of urban Indians, i.e., Indians living in Standard Metropolitan Statistical Areas (SMSA's), urban areas of greater than 50,000 population. The optimal sample size was to be approximately 600 (later raised to 800), with the sampling performed in a two-stage process. Cluster sampling would be used to select specific tribes and/or urban areas, then a random sampling of tribal rolls would be used to select individuals to act as survey respondents. The survey instrument was to be selected from existing instruments and adapted to minimize cultural bias.

It should be noted that while this element of the research design is called a needs analysis, it is and was intended to be a survey of **condition**. Need, per se, is regarded as a value judgement of relative condition, with an implicit assumption as to a desired condition and/or level of intervention. Insofar as such judgements vary considerably, and constitute in many cases a socio-political point-in-time compromise between social conscience and available resources, our intent was to focus on conditions, allowing various parties to evaluate need. (Many needs surveys/analyses incorporate needs, as described, into their data, limiting their utility for widespread use.)

The **analysis of federal programs** would entail a relatively exhaustive identification of federally-funded human service programs which are directed at providing services to the elderly, or could be used for that purpose, and could be tapped to serve elderly Indians. The analysis would look at what services could be provided, who could receive services (and under what conditions), what the source of funding was, what agencies are eligible to receive funds and/or operate programs, etc.

The **services inventory** was to be a selective survey of significant service providers and relevant administrative organizations operating in areas that served tribes selected for the needs analysis survey. Questionnaires would be developed as part of the project and providers would be identified in a non-rigorous way. That is, the results of the survey would not provide a complete inventory of services nor a valid sample, but an illustrative example of the types of agencies involving themselves in serving elderly Indians.

The research design which evolved from this basic plan is depicted on the following page. The details of the design, the actual carrying out of the activities defined, and the results obtained, will be described in the subsequent sections of this report. In order to provide some continuity and clarity, we will review each element of the research design, beginning with the needs analysis and ending with the services inventory.

THE RESEARCH DESIGN

Chapter Five

THE NEEDS ANALYSIS

CONDUCTING THE RESEARCH

The needs analysis element of the research design involved the following steps:

1. The selection of a survey questionnaire
2. The development of a sampling plan
3. Selecting the sample
4. Selecting survey respondents
5. Selecting and training interviewers
6. Collecting data
7. Editing, coding, and tabulating questionnaires
8. Processing and analyzing the data

Each step was critical to the development of the research and project results and is discussed below in detail.

Selection of the Questionnaire

One of the initial project decisions was to utilize or adapt an existing survey instrument rather than create a new one. One obvious benefit of this approach is the savings of both time and money. The overriding consideration, however, was to establish a data base using an accepted instrument, so that data compiled on the Indian population could be readily compared to existing data on the non-Indian population.

After an extensive investigation of instruments used in surveying the conditions of the elderly, the OARS instrument was selected as the most useful to employ in the study. The OARS instrument was developed at the Duke University Center for the Study of Aging and Human Development as part of the Older Americans Resources and Services (OARS) study, a project jointly funded by the Administration on Aging (AoA), the Social Rehabilitation Service (SRS), and the Health Resources Administration (HRA) of the U.S. Department of Health, Education, and Welfare (DHEW) in 1972. The instrument consists of two basic parts, a multidimensional functional assessment questionnaire, and a services supplement.

The functional assessment asks questions that address an individual's resources or capability in five areas: social resources, economic resources, mental health, physical health, and the capacity to perform functions of daily living. The services supplement addresses the extent to which 24 discrete services are provided to and/or needed by the person interviewed.

The functional assessment includes subjective and objective questions which explore the resources the individual has, any impairments and problems which may hamper functioning, and questions which ad-

dress how a person feels about his/her current circumstances. This portion of the instrument is divided into nine subsections, as follows:

1. Basic demographic characteristics of the person interviewed, as well as data on the interview date, location, etc.
2. Social Resources information including marital status, extent of contact with others, family relationships, sources of help in times of crisis, etc.
3. Economic Resources information including employment status, major occupation, sources and amount of income, number of dependents, home ownership, financial reserves.
4. Mental Health information including a review of mental status, life satisfaction, extent of worry, a self-assessment of mental well-being, and a short psychiatric evaluation
5. Physical Health information including a review of physician visits, stays in the hospital; medication used; illness and its interference with activities; any visual, hearing, or other physical impairments or disabilities; and a self-assessment of health status.
6. Information on Activities of Daily Living including an assessment of the individual's capacity to perform routine functions such as shopping, cooking, dressing, bathing, taking or using transportation, etc.
7. Informant Assessment section which is a review of the preceding five areas by a person who lives with or is familiar with the conditions of the person interviewed.
8. Interviewer Assessment section of the reliability of subject and informant responses.
9. Interviewer assessment and rating of the subject with respect to social resources, economic resources, mental health, physical health, and activities of daily living (ADL).

The second part, the assessment of services, reviews the utilization and/or felt need for services. If the service was used in the last six months, data is gathered on the level of service, the frequency and duration of service, and the service provider, including family and friends as possible sources. The service utilization section addresses the following services:

1. Transportation
2. Social/Recreational
3. Employment
4. Sheltered Employment
5. Educational Services, employment related
6. Remedial Training
7. Mental Health
8. Psychotropic Drugs
9. Personal Care
10. Nursing Care
11. Medical Services

12. Supportive Services and Prostheses
13. Physical Therapy
14. Continuous Supervision
15. Checking
16. Relocation and Placement
17. Homemaker-Household
18. Meal Preparation
19. Administrative, Legal, and Protective
20. Systematic Multidimensional Evaluation
21. Financial Assistance
22. Food, Groceries
23. Living Quarters (Housing)
24. Coordination, Information, and Referral

The instrument was developed, in part, as a compromise in addressing the sometimes competing demands of clinicians, program designers, and evaluation researchers. As a compromise instrument it has received widespread use throughout the country.

One key feature of the OARS instrument which made it particularly appealing for this study is that "need" is recognized as a parameter reflecting a socio-political value choice, (i.e., need is subjectively determined by deciding what we wish to do relative to the resources we wish to spend). The instrument was designed to focus on (1) identifying the condition of the individual surveyed, and (2) allowing the users of the data to make their own choices as to the amount of need implied by conditions revealed. Many of the instruments reviewed do not incorporate this concept and, as a result, have limited capacity or utility for assessing the actual condition of the elderly.

As a second feature of interest, the service supplement of the OARS instrument provides a valuable base of data on what services are actually being received by each respondent, providing a representative sample of the availability of the service delivery network. While not identifying the source of services in terms of specific agencies or detailing their characteristics, this data does provide a quantitative complement to the descriptive data obtained in the Services Inventory survey.

Aside from the technical considerations, the OARS instrument was preferred because of its use by the U.S. Government Accounting Office (GAO) in a landmark study of the range and effect of services provided to the elderly in Cleveland, Ohio. In this study, over 1,800 elderly persons were selected at random from the elderly population for assessment with the OARS instrument. A year later, the survivors of that group were reassessed, again using the OARS instrument. During the intervening year, an inventory of all services received by the sample population had been developed, including services provided by public agencies, private agencies **and** friends, neighbors, or relatives.

Because there has been no nationwide OARS study of the dominant

society, the data base resulting from the GAO study serves as one of the richest current sources of information on the resources, problems, and conditions of an elderly population. As such, it provides an excellent reference base for comparison of the elderly Indian population to the elders of the general population.

Instrument Modification and Supplementation

The survey instrument used in the needs study was a modified version of the OARS instrument supplemented by a brief Housing and Transportation questionnaire (see Appendix). Modification of the OARS instrument was intended to adapt the instrument to the Indian culture while preserving the ability to draw valid comparisons between results obtained from the Indian population and data available for the non-Indian population. The Housing and Transportation supplement was added to obtain data on the physical environment of the Indians surveyed, an issue which is only marginally addressed in the OARS instrument due to its focus on functional capacity and available resources.

Relative to the process of instrument modification, the following points are important to note:

- The OARS instrument, per se, is a tightly structured instrument which has been tested for reliability and validity. By significantly altering questions, adding questions of a different character, and/or affecting the flow of questions the validity and reliability of the instrument could be significantly affected. Preserving the instrument in order to correlate results with the data acquired in other applications of the instrument was also a vital consideration.

- The instrument is not designed for self-administration or use by casual interviewers, but is dependent upon administration by a well-trained interviewer who is familiar with its purpose, design, and use. Many issues were raised with respect to translation, interpretation, and wording. These were resolved through training and/or supplementary discussion with Duke University staff and individual interviewers.

- Rephrasing and descriptive examples were incorporated into some questions to clarify their meaning while not changing the basic character of the questions. Some wording changes were not implemented, however, because they would have altered or violated the intent of the questions or the intrinsic design approach of the questionnaire. One critical issue was the use of specific medical terms in the Physical Health section of the survey, a problem that is as real for non-Indian populations as for the Indian population. It was agreed that describing symptoms and invoking self diag-

nosis as an alternative approach would be time consuming, inaccurate, and would preclude correlation with other surveys. Therefore, it was agreed that the medical questions would remain unchanged but that interviewer training sessions would include sufficient discussion of each disease (and/or typical treatment) to successfully convey the medical questions. It was assumed that if the individual had had a specific illness, he would have been informed and knowledgeable about it. Several illnesses known to be prevalent among the Indian population were added to the questions in the Physical Health section of the survey.

- Despite all efforts, the intent to adapt the instrument to Indian culture was not fully attained. Review of recommended changes indicated significant inter-tribal differences regarding appropriate means for expressing the key ideas embedded in various questions. In pursuit of a resolution compatible with the practical expedient of a common instrument, the stipulation was made to use bilingual interviewers. This resolution minimized the need for interpreters as adjuncts to the interviewers and gave reasonable assurance of accurate question/response transmission in each interview situation.

While oriented toward identifying the functional capacity of the subject, the OARS instrument does not address certain topics deemed useful by planners. As a result, the Housing and Transportation supplement was created to fill this void. The supplement addresses four topics:

1. The number and relationship of residents in the housing unit
2. Whether any children, other than members of the family, are care for in the home
3. The physical characteristics of the housing unit with regard to age, size, structure, facilities, and condition
4. The frequency, distance, mode, and purpose of transportation usage

Questions on household composition and housing unit conditions were drawn from the 1970 U.S. Census in order to obtain reliable responses which could be readily compared to census data for the general population. The transportation questions were synthesized as a composite of various transportation questions of other extensively used surveys, drawing together the relevant factors of transportation use. The child care questions were created in-house in direct response to recognized need for such data.

The housing issues were the driving factor in creating the supplement. The other issues (i.e., household composition, transportation, and child care), could have been easily incorporated into the OARS instrument. However, based on discussions with Duke University staff, these questions were felt to be better placed in the supplement in order to avoid

distortion in the flow of questions within the OARS instrument. This factor was deemed particularly critical for obtaining reliably comparable responses from the OARS instrument itself.

Sampling Plan

Surveying the entire Indian elderly population to assess their needs was impossible. A smaller sample population was therefore identified upon which the research could be conducted. This group was carefully selected using a sampling methodology known as random selection, a scientific technique which ensures that in defining a sample population every member of the larger population has an equal chance of being selected for inclusion in the sample. This technique assures that in conducting research on a sample population, findings will be indicative of what exists in the total population.

Due to the strong need for representativeness of the sample population to the Indian/Alaskan Native elderly population as a whole, and the concerns for efficiency in undertaking a nation-wide survey, the random selection methodology chosen was cluster type probability sampling. This technique minimizes the cost associated with conducting research and consumes relatively less time than other sampling techniques, while maintaining the degree of randomness necessary to produce a representative sample.[1] Cluster sampling involves (1) dividing the entire population into geographical areas, (2) randomly selecting a subset of these areas to be included in the study, and (3) randomly selecting individuals from each area in the subset to be included in the sample population.

To ensure the validity of employing the cluster sampling methodology in this research project, the following criteria were identified and employed as useful guides:

1. Clusters must be well defined, with every element (elderly Indian in this case) in the population belonging to **one** and **only one** cluster.
2. The number of population elements in each cluster must be known or, at least, a reasonable estimate must be available.
3. The number of clusters to be included in the sample must be sufficiently small to make some cost savings possible. Otherwise a major benefit of clustering is lost.
4. Clusters should be chosen to minimize the increase in sampling error caused by clustering.[2]

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[1] It should be noted that relative to other methods, the possibilities of error with cluster sampling may be somewhat larger, (i.e., one and a half times as large as the standard error associated with simple random sampling). For example, using a sample population of 800 people (N 800), one could expect errors of three to four percent in the sample if one were to select the simple random sample approach. Using a cluster sampling technique will raise these percentages to four and a half to six percent.

[2] Sudman, Seymour. **Applied Sampling,** New York: Academic Press, Inc., 1976. P. 70.

In implementing these criteria the following steps were carried out:

Clusters were defined as federally recognized tribes and Alaskan villages, plus urban centers to represent urban-dwelling Indians. (This definition may violate the first criterion somewhat, insofar as an individual appearing on a tribal roll might also be living in an urban center.)

With regard to criterion two, the number of population elements or Indian/Alaskan Native persons in each tribe or village were obtained from the Bureau of Indian Affairs (BIA). These figures were compiled using the 1977 local estimates of Indian population residents on or adjacent to reservations, and labor force statistics by reservation, dated April 1977. The Administration for Native Americans (ANA) of HEW maintains a list of all the urban Indian centers in the country which receive ANA funds, and keeps demographic statistics. These statistics were used in drawing the sample of the urban Indians.

Criterion three was achieved in that 26 of the over 270 federally recognized tribes, six of the 66 ANA urban grantees, and four of the 200+ Alaskan villages were selected in the sample. These 36 areas represented less than 10% of all the possible clusters of Indian and Alaskan Native organizations. Therefore, tremendous cost savings were possible.

In satisfying criterion four, multi-stage sampling, using sampling in proportion to the number of persons 45 and older on a particular reservation, village, or in an urban area, was employed. In order to determine the optimal average sample size of a cluster, a mathematical formula was utilized, indicating the need to conduct 14 interviews per tribe and 34 interviews per urban center in the study. With a total sample size of 800 people to be interviewed, and taking into consideration concerns of sampling error, it was determined that the number of primary sampling units or clusters to be included in the study would be 32 tribes and villages, and 6 urban centers.

Selecting the Sample Tribes, Villages, Urban Centers

In line with the criteria above, the tribes and villages and urban centers were selected in the following manner:

1. Population estimates of the 45+ population of each urban center were obtained. To acquire the estimated number of persons 45 and older on each federally recognized Indian tribal reservation, Dr. Lou Conger, Chief Statistician from the Bureau of Indian Affairs, was contacted. He provided 1977 figures on the 65 and older population and made available the individual tribal reports that indicate the number of persons 45 to 64 on all tribes. Those two sets of figures, when added together, provide the number of elements within each tribe. The Administration for Native Americans provided the necessary data on Indians in urban centers.

Hansen, Morris H.; Hurwitz, William N.; Madow, William G.; **Methods and Theory**, John Wiley, New York, 1953.

In the case of Alaskan Native villages, the data came from a U.S. Department of Commerce publication entitled "Federal and State Indian Reservations and Trust Areas," GPO-0-503-204. This publication was produced in 1970 and contains information on all of the Alaskan villages including the total number of native and non-native Alaskans in those villages.

2. The population data for tribes, villages, and urban centers were compiled into three separate lists.
3. A sampling interval was determined for each list by taking the total population on that list and dividing it by the number of clusters required.
4. Starting from a randomly selected point in each list, successive multiples of the interval were compared to the cumulative population starting from that same point.
5. The tribe, village, or urban center population that included the interval multiple was selected to be in the sample.

The results of the selection process are shown below.

INDIAN/ALASKAN NATIVE SAMPLE

Tribes

—Standing Rock (Sioux)
—Pine Ridge (Sioux)
—Rosebud (Sioux)
—Pueblo of Zuni
—Pueblo of San Felipe
—Ponca
—Kickapoo
—Cheyenne/Arapaho
—Crow
—Wind River (Arapaho/Shoshone)
—Seneca
—Bad River (Chippewa)
—Chickasaw
—White Earth (Chippewa)
—Osage
—Seminole
—Carson Colony (Washoe)
—San Carlos Apache
—Papago
—Quinault
—Yakima
—Colville
—Pechanga
—Cherokee
—Choctaw
—Creek
—Navajo

Alaskan Villages

—Bethel
—Quinhagek
—Toksook Bay
—Shageluk
—Sitka Village

Urban Centers

—Pittsburgh
—Minneapolis
—Tulsa
—Denver
—Oakland
—Tacoma

Certain difficulties were encountered in implementing this selection procedure. Principal among them were:

- An inability to compile valid and complete population data for sample selection.
- An inability to obtain tribal commitment to participate in the research by some key tribes in the sample.

To select a representative sample, complete and valid data on the total population was needed. Given the scope of the study and the state-of-the-art of data gathering and management in Indian communities, however, this was not always possible.

The list of federally recognized tribes and related information needed for drawing the study sample was obtained from the Bureau of Indian Affairs (BIA). BIA population data on the tribes is available on an annual basis in a labor force report. This data is gathered by tribes in a standard BIA format and compiled in age cohorts of five years. It was possible, therefore, to examine the 1978 labor force reports for each of the over 270 federally recognized tribes and estimate the number of Indians 45 and older living within each. The word "estimate" is used here because the labor force figures are based on the 1970 Census, with annual adjustments made according to birth, death, and other vital statistics collected yearly. Several tribes have conducted their own census since 1970 and have found undercounts of between 20-40%.[4] Consequently, if a tribe reported that it had 800 members in 1978, it is possible that there may have actually been 1,100 or more persons in the tribe at that time.

Since the sampling methodology required identification of the number of persons 45 years and older in each tribe, the statistics collected from the labor force data may underestimate the true figures. However, if one assumes that all tribes are undercounted to the same degree, more or less, then all tribe members age 45 and older will have approximately the same chance of being drawn in the sample. This is an important consideration in conducting a random sample.

Problems in obtaining population statistics for Indian persons age 45 and older who live in urban centers were also encountered. While the Administration for Native Americans (ANA) collects data from its grantees on reservations and in urban centers, ANA does not have grantees in all urban centers where Indian people live. As a result, not all federally recognized Indians/Alaskan Natives are represented in base statistics from which the urban sample was drawn. Additionally, ANA collects population data on the total urban Indian population within a Standard Metropolitan Statistical Area (SMSA), but does not include those Indians who live near the urban center outside the SMSA. Consequently, as in the case of Oakland, California, ANA reports that there are approximately 5,800 In-

[4]White Earth Chippewa and Fond du Lac Chippewa found 30 and 35% undercounts in 1976 and 1978.

dians in the San Francisco/Oakland area, while the local Indian center estimates that there are about 45,000 Indians in that area. Also, ANA data indicate total population but do not reflect the number of Indians age 45 and older in the urban areas.

In finding measures of size for Alaskan villages, it was necessary to use 1973 Commerce Department data which give the summed numbers of natives and non-natives in 200-300 villages. Since this figure is cumulative, it was impossible to determine the specific number of Native persons age 45 and older in the Alaskan villages. In addition, given that the data used was six years old, it is unlikely that the total reflected the actual number of people within each village in 1979.

Despite these data inadequacies and uncertainties, population counts of Indian persons age 45 and older were estimated for both the urban centers and Alaskan villages. Of the total Indian/Alaskan Native population statistics for the urban centers and villages for which population data existed, 17.5% provided the 45 and older population estimates. The 17.5% figure was derived by calculating the percentage of persons 45 and older within the total Indian population using the 1978 labor force statistics. Once the necessary demographics were produced, the sample tribes, Alaskan villages, and urban centers were drawn.

Of the 27 tribes and five Alaskan villages, nine sites selected in the sample did not participate in the study. Refusal to participate, an inability to identify and train a local interviewer to conduct the surveys, and other circumstances were the causes for these tribes not being included in the study results. The unrepresented tribes and explanations for their non-participation in the study are identified below:

- White Earth Chippewa — The tribe refused to participate in the study on the grounds that conducting 14 surveys would have limited utility for them. The data to be collected would be insufficient to enable local planning for elderly on the reservation.
- Standing Rock Sioux — An interviewer was trained but never produced any completed surveys. Phone calls and letters were used to follow up but no contact could be made with the interviewer after training.
- Rosebud Sioux — An interviewer was invited to attend three separate training sessions, but the individual selected by the tribe failed to show each time.
- Pechanga — An interviewer was invited to attend two separate training sessions, but failed to show for either.
- Cheyenne/Arapaho — An interviewer was trained, but "tribal upheaval" prevented the interviews from being conducted.
- Ponca — An interviewer was trained but never heard from again despite phone and letter follow-up attempts.

- Wind River (Arapaho/Shoshone) — Two persons were trained. One became a social services coordinator and did not collect any data. The other was trained but due to personal difficulties could not conduct any interviews.
- Bad River Chippewa — An interviewer was trained but cited severe political problems on the reservation as the barrier to conducting the surveys. The interviewer was asked to participate in a second training session after the political difficulty was said to have calmed, but failed to show at the session.
- Shageluk — This Alaskan village could not be contacted by telecommunication or mail during the period set aside to survey villages in Alaska. The interviews for that village, therefore, were redistributed to other Alaskan villages.

The fact that California rancherias and reservation Chippewa are not represented in the survey, and that reservation Sioux are significantly underrepresented, is of particular significance. Together the Sioux and Chippewa account for approximately 20% of the American Indian population. Therefore, their limited and non-participation has implications for generalizability of the findings. Some Sioux and Chippewa are represented in the urban data, notably the Minneapolis and Denver urban centers. Also, California Indians appear in the Oakland data.

Selection of Survey Respondents

Once the sample locations were identified, elderly Indians from those sites needed to be selected to participate as respondents to the needs survey. To this end, the sample tribes, Alaskan villages, and urban centers were requested to compile a list of all Indians/Alaskan Natives 45 years and older living in their area. This listing would provide the base from which the random selection of individuals to be interviewed would be conducted.

To facilitate accuracy and efficiency in the selection process, it was decided that actual random sampling of survey respondents would take place during interviewer training sessions. This would insure that respondents would be selected through a standard procedure, selection of respondents from several tribes could be conducted simultaneously, and interviewers would be available as site representatives to provide assistance as needed. Tribes, villages, and urban centers were therefore requested to complete the listings of their elderly and send them along with the interviewer chosen from their area to attend training.

Interviewer Selection and Training

Elderly Indians, especially community health representatives and

others working in elderly programs, were used to the greatest extent possible as data collectors. Preferential use of elderly Indians was based on an assumption that such persons would have easy access to the people chosen in the sample, would be more familiar with their needs, and would be better able to recognize existing problems. It was also presumed that these interviewers would be more successful in communicating with their peers. Inherent in these considerations was the belief that respondents would feel less intimidated and more comfortable in answering questions when posed by people that they knew and trusted.

To help guard against potential problems in data collection, interviewer training sessions were held. These sessions included a thorough review of the content and purpose of the OARS/Housing and Transportation survey instrument, instruction on proper interviewing technique, and role playing sessions to insure interviewer confidence and familiarity with the interview process. As mentioned above, the selection of the survey respondents was also to be conducted at the training sessions; however, the following circumstances prevented this strategy from being successfully achieved:

- Several representatives arrived at training without the required list for conducting random selection,
- Some lists did not represent the total Indian elderly population in the area,
- Some lists, in addition to being incomplete, were biased, i.e., including only the names of persons in select circumstances,
- Some lists included names of tribal members outside the sampled area,
- Several tribes did not send a representative to training and thus did not participate in the study.

Where complete and accurate lists were available, sampling was conducted as planned. For those interviewers with insufficient lists or without lists at all, additional training was provided on the method of random sampling. It was agreed that upon returning to their tribes, urban centers, or villages, interviewers would assume responsibility for assuring compilation of a valid list of the Indians 45 and older in their areas, and then select individuals to participate as survey respondents. Given the extensiveness of this circumstance, verifying the accuracy of the interviewers in performing these tasks was extremely difficult.

Data Collection

The data collection phase of the needs study was conducted by trained interviewers. Although contracts specifying the number of interviews to be completed and completion deadlines were developed with each interviewer (with the exception of the Navajo), many were not able

to carry out their interviews as contracted.[1] To compensate for the anticipated partial survey return rate, each tribe, urban center, and village was over-sampled by 30% at the onset of the project, i.e., tribes needing to complete 14 interviews were assigned to conduct 20 surveys. However, despite this precaution, the dropout and non-participation rate of the sampled tribe are of major concern for findings interpretation.[2] Extensive follow-up communications were initiated to encourage delinquent interviewers to complete the collection of data.

Several circumstances which precluded complete data collection, and impacted on the study schedule and research validity, include:

- Interviewer dropout, in some instances resulting in the use of untrained interviewers for data collection
- Language and cultural differences
- Local political upheaval
- Non-cooperation of survey respondents.

Data Tabulation

Data coding and keypunching was initiated as surveys were completed and returned from the field. Coding and keypunching procedures were performed twice to assure accuracy of the data input for tabulation.

Data processing for the OARS portion of the needs assessment survey was conducted separately from the Housing and Transportation. The OARS data was processed at Duke University, through a computer program used in other OARS survey studies, to enable comparison between the Indian and non-Indian populations. The Housing and Transportation survey was processed at The American University in Washington, D.C. Merging of these files, which is currently underway, will enable further analyses for a more comprehensive understanding of the conditions and needs of the Indian elderly.

Data Analysis

The Cleveland OARS study data base, considered to be reasonably representative of the non-Indian population, was selected as a point of reference for the analysis in lieu of any comparable national study of the non-Indian population. The data tape of the Cleveland data base was made available for use in May of 1980. Therefore, other than the General Accounting Office which conducted the study, we are apparently the first users of this tape. As a consequence, severe startup problems were en-

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[1] Since the Navajo list of names was not available at the first or second training sessions, the time for completing interviews was not specified on their contracts.

[2] Approximately 40% of the surveys to be conducted were never received by the researchers. Even with over-sampling, only 89% of the needed 800 surveys were available for inclusion in the study.

countered in developing an SPSS (Statistical Package for the Social Sciences) version of the raw data tape compatible with the data base codebook provided by GAO, and one that would be compatible with the American Indian/Alaskan Native OARS study.

In preparation for an initial presentation of findings to the NICOA Research Task Force and the NICOA Council in mid-June, 1980, a temporary cutoff in data processing was called, allowing some data analysis to be performed on the 594 cases then on file. Comparable information for the American Indian/Alaskan Native OARS portion of the study and the Cleveland OARS study were generated separately using SPSS, and individual results manually analyzed to identify significant differences, i.e., differences that could not result simply from chance, given the relative size of the two data bases (594 American Indian/Alaskan Natives respondents vs. 1834 respondents in the Cleveland Study). This crude approach was used to highlight significant areas of difference between the two populations. Using the same data, preliminary investigations of the relative changes in condition with age were examined and cross-comparisons made. The preliminary conclusion of this analysis was that Indians over the age of 55, urban and rural combined, were generally comparable to the 65+ Cleveland population.

Data processing continued, some questionnaires being received as late as mid-June. Following the necessary data processing step, the full data base of 712 Indian respondents was broken down into six sub-categories for detailed examination, specifically the six groups defined by an urban/rural split and sub-categorization in terms of 60 and older, 55 and older, and 45 and older.

A detailed comparison of the 60+ urban Indian and Alaskan Natives to 60+ rural Indian and Alaskan Natives revealed a rather sharp and consistent difference between these two groups. On virtually every question to which a value judgement of "better or worse" could be ascribed, the rural 60+ population was consistently and sometimes dramatically worse off.

Given this finding, the equivalent elderly "age" issue was re-examined. As a result of that re-examination it would appear that there is a strong equivalence between the conditions of **45+ rural** American Indian/Alaskan Native population and the conditions of the essentially 65+ elderly population of Cleveland.

RESEARCH FINDINGS

Overview

The principal product of this study is the development of a sophisticated data base reflecting the conditions of age 45 and older American Indians and Alaskan Natives. The simultaneous investigation of social

resources, economic resources, mental health, physical health, capacity to perform the activities of daily living, receipt of services, housing conditions, and use of transportation, makes the study unusually comprehensive. The fact that such data has been compiled on a nationwide basis for the 45+ American Indian/Native Alaskan population makes it unique. No comparable study has been made on a nationwide basis for any other elderly population, and the OARS instrument used in the study is considered to be state-of-the-art, while the inclusion of the housing and transportation supplement represents an advance in the field of needs analysis.

In addition to its value for exploring the conditions of the elderly Indian population, the data base constitutes a major contribution to the field of gerontological research. Data on a distinct ethnic subgroup which displays significant differences from the dominant population are part of that contribution, and the inclusion of persons between the ages of 45 and 65 in the study provides a basis for further understanding the basic effects of aging, effects not apparent in data on the 65+ population alone.

There are over 400 individual items of data derived from the questionnaire for each person included in the survey. As previously discussed, the items describe the basic demographic characteristics of the individual and his/her family structure; objective information related to social and economic conditions, health history and status, physical capacity, housing conditions, and receipt of services; and subjective data related to the individual's perception of his/her socio-economic status, satisfaction with life, health, the adequacy of services received, desire for services, etc. As such, the data base constitutes a major resource for further analysis, not simply identifying major characteristics of the population as a whole, but identifying and understanding the needs of specific subgroups within the population. The development of programs of service that are in fact responsive to the needs of the population is dependent upon knowledge of the discrete subsets of the population, their specific needs, and the conditions which must be taken into account in responding to those needs. At a very crude level of analysis, the elderly population has at least three distinct subsets, which we might call the healthy, the well, and the infirm elderly. The healthy are relatively able to fend for themselves, requiring services from the community but able to access needed services on their own. The well elderly need more services and assistance in obtaining them. They constitute the prime users of what are commonly referred to as community services. The infirm elderly, on the other hand, require extensive support, characterized by in-home services, personal care, and/or institutionalization.

The data base may also help to define suitable programs of service for these various subgroups in terms of specific "packages" of services, appropriate modes of service delivery, and so forth, as well as indicating the relative quantitative demand for each type of program. In addition, the data can be used to identify the key parameters that characterize the members of each subset (healthy, well, and infirm) as an aid to guiding

an individual elderly person in obtaining those services most appropriate to his or her individual needs.

Given the potential that exists in the data due to the comprehensive, well-structured character of the questionnaire, developing a concise set of findings, per se, is extremely difficult. With respect to the two major objectives of the needs analysis, i.e., determining (1) the conditions of elderly Indians and (2) the age at which Indians display similar characteristics to the non-Indian elderly, there are two basic findings.

First, basic socio-cultural differences between the Indian and non-Indian populations are quite evident and have a pervasive effect. Differences relating to the extended family, limited education, employment patterns, relative income, etc., broadly influence the specific pattern of responses to individual questions. With regard to this research objective area, the specific responses to the individual data items are the findings and deserve detailed examination. To aid this process we present below some major observations that serve as a broad framework, and have compiled an extensive Appendix for reviewing the detail on a comparative basis. The Appendix provides comparable data for the American Indian/Alaskan Native population and the Cleveland elderly population. The Indian data is presented for the entire population surveyed, i.e., 45+ Indians; the 55+ Indian population judged to be comparable to the non-Indian elderly; the 60+ Indian population, i.e., the **nominal** Indian elderly; and the 45+ rural Indian population, also judged to be equivalent in condition and need to the 60+ non-Indian elderly.

In reviewing these detailed findings we caution the reader on two points. One is simply to remember that the Cleveland data base, which was selected as a reference base on the presumption that it was representative of the 60+ non-Indian population, in fact under-represents the 60-64 year age group. As a result the Cleveland data is more a representation of the 65+ non-Indian population, and the data presented is consequently "worse" than valid 60+ data would be, given the general effects of age.

The second caution is to try to avoid the common tendency to contrast population group findings rather than considering their commonalities. The implicit assumption in this tendency is that we can better grasp the conditions of the Indian elderly by comparing their conditions to the "known" characteristics of the elderly of the dominant society. It must be continually borne in mind that both this study and the Cleveland study are landmark research endeavors with respect to identifying the conditions of the elderly. The conditions of the elderly in the dominant society, at this time, are not a "known" quantity, but an area being explored on the basis of recently obtained data. That exploration is only a step ahead of this effort. Contrast, while revealing, should play a secondary role to simply understanding the implications of the data on an absolute basis.

The second major finding has to do with the age issue. The analysis and findings with respect to this research objective are presented in this

section in toto, following the review of major findings. The analysis utilizes a methodology developed at Duke University for comparing populations in conjunction with the OARS instrument. Insofar as the technique utilizes subjective interviewer ratings rather than specific data items, the validity of the findings will be open to question. As noted above, the basic socio-economic differences between the Indian and non-Indian populations affect the specific responses to questions on a broad scale, precluding point-by-point comparisons in many instances. The data for the two Indian population groups proposed as being comparable in condition to the non-Indian elderly, i.e., 55+ Indians as a whole and the 45+ rural population, are given in Appendix A.

Introduction

The major results of the survey of needs among Indians and Alaskan Natives age 45 and older are presented below. The data base from which these findings are drawn consists of 712 responses to the OARS Indian/Alaskan Native survey (including housing and transportation questions) and, for comparison, the 1834 responses to the Cleveland GAO study.

Questionnaires were coded and processed on digital computers using the Statistical Package for Social Sciences (SPSS). Data for this report were taken from computer files, which are currently being merged. These are:

- Cleveland GAO results
- Indian/Alaskan OARS results
- Indian/Alaskan Housing and Transportation results

Because these files are separate, cross correlations between files have not been done. (Tables such as income versus family size can only be calculated in the aggregate by hand until the two Indian/Alaskan Native files are merged.) Additionally, comparisons between the Indian/Alaskan Native Sample and the Cleveland GAO study of the elderly are broadly stated in terms of whether a particular aspect of life among the elderly Indian was more, less, or equally likely when compared to elderly in Cleveland. Statistical tests that allow one to exclude the possibility that quantitative differences between these groups are the product of pure chance have not been done, because of the separateness of the computer files. Hence, any conclusions based on differences are to be considered preliminary subject to statistical testing at a later time.

The data collected in this survey is very rich when compared to what existed before the study. The results stated here should be considered as the "tip of the iceberg" of research findings that could be drawn from the data.

The remainder of this section is organized into major findings; specific findings broken down by three Indian/Alaskan Native age groups,

Cleveland results, and rural Indian 45 and older; and an in-depth presentation of the age versus impairment level policy issue.

Major Findings of the Research

Three of the four major findings presented here are the product of reviews of computer runs of each question in the Indian/Alaskan Native survey and comparable questions in the Cleveland GAO survey. These reviews were conducted by The Assistance Group, NICOA, and the Task Force on Operations Research during the June 1980 Council meetings in Albuquerque. The fourth major finding is a result of data problems encountered in conducting the research. The major research findings are:

- The character of life for Indians and Alaskan Natives aged 45 and older is significantly different from that of the dominant population.
- The existing service system for Indian/Alaskan Native elderly falls short in satisfying needs for service.
- Impairment levels of Indians/Alaskan Natives 55 and older are comparable to Cleveland elderly 65 and older. Rural Indians/Alaskan Natives 45 and older are comparable to Cleveland elderly 65 and older.
- The exact number and location of Indians/Alaskan Natives 45 and older is not well known, especially in urban areas.

Character of Life of Indian/Alaskan Native Elderly. The Indian/Alaskan Native elderly, especially those in a rural setting, tend to live in an extended family. Household size approaches three persons per household. Approximately half of all households consist of married couples and others such as children, grandchildren, and foster children. About 20-25% of the households have one or more foster children. In many cases the foster children are children of other relatives. Because of the strong family ties, Indians are less likely to socialize outside the family than are their counterparts in Cleveland. Interestingly, Indians and Alaskan elderly, even though they have close family ties, appear to be less trusting and less happy about their family relationships.

Indian and Alaskan Native elderly are poor. More of them are employed than those in Cleveland, more are seeking work and they are less skilled than their counterparts. More than one quarter (26.3%) have 0 to 4 years of education. Indians and Alaskan Natives are more likely to say they own their own home, but many more are still paying mortgages albeit the monthly payments are smaller. Housing stock is old and dilapidated. Twenty-six percent of the housing was built prior to 1939. There is con-

siderable overcrowding too. Twenty-five percent of the respondents reported that bedrooms were occupied by three or more persons. Service outages of critical systems were also reported. Heat, water, and toilet outages were 20%, 24%, and 15% respectively. In Alaska 44% of all respondents claimed that they had heat outage during the preceding winter.

Indian and Alaskan Native elders are more likely than Cleveland elderly to worry, feel less satisfied with life and have a perception that they are worse off financially.

Indian and Alaskan Native elderly have significant physical and mental health problems. Notably, they have the following problems to a greater extent than do those in Cleveland:

- Tuberculosis
- Diabetes
- Liver Disease
- Kidney Disease
- Hearing Impairment
- Sight Impairment

In the other health impairment areas Indians and Alaskan Natives are at least as impaired as those in Cleveland. Additionally, their perception of their physical health is poorer and they exhibit mental health problems (using the probably culture-bound 15 question psychiatric evaluation as a measure) by a factor of two over the Cleveland sample (44% of the Indian/Alaskan sample answered five or more questions with responses indicating mental health impairment).

Character and Response of the Existing Service System. A network of comprehensive services for Indians and Alaskan Natives exists in most Indian controlled communities. The BIA, IHS, and HUD provide most of the resources for this system. Indians are more likely to say they live in subsidized housing and receive health and nutrition services than their Cleveland counterparts. They tend to use the publicly provided services to a greater extent, mainly because there are no alternatives to care. Even though Indians are more apt to use the service system, they tend to use it less frequently than those in Cleveland use theirs. Part of the explanation of this behavior is that the extended family is called upon to provide services such as transportation, help in seeking employment and housing, checking and homemaker services. However, when asked, more Indians will state that services are needed than are provided. One could conclude from this that:

- There is a delivery system in place
- Families supplement the provision of service

- The extent to which needs are met is inadequate.

As a possible indication of the degree to which health service is underprovided, one notes that antibiotics are prescribed to about 15% of the Indian population whereas in Cleveland only 3% are receiving antibiotics. The question that one might ask is: "Are Indians coming in for one medical visit, being prescribed drugs, and not being followed up with additional visits to see if the medical problem is solved?"

The following table (Table 1) lists several services received by Indians and Cleveland residents. This table highlights the degree to which some services are underprovided to Indians (transportation, coordination, employment, education) and some are overprovided, i.e., not wanted or felt to be needed when provided (checking, meal preparation, legal protective, personal care). Given these findings it appears that services are being provided to Indians under the false assumption that they need the same services as the dominant society.

TABLE 1

Percent of Elderly Who Received and/or Wanted Services in Cleveland and Among Indians/Alaskan Natives

SERVICE TYPE	60+ Cleveland Rec'd.*	60+ Cleveland Wanted	60+ Indians Rec'd.*	60+ Indians Wanted
Public Transportation	4.9	21.1	14.5	36.9
Social/Recreation	26.0	32.0	47.5	42.0
Employment	0.7	2.6	6.8	8.6
Sheltered Employment	0.2	1.7	1.9	6.3
Education (Employment-Related)	0.4	2.5	2.5	12.0
Remedial Training	0.4	2.0	1.6	9.8
Mental Health Service	2.1	3.8	5.1	7.2
Psychotropic Drugs	19.5	20.1	11.7	11.7
Personal Care	11.9	9.1	11.3	9.8
Nursing Care	6.5	5.4	10.2	13.1
Physical Therapy	3.5	4.7	6.2	11.9
Continuous Supervision	8.8	6.9	11.8	14.1
Checking	49.1	32.3	50.5	39.1
Relocation/Placement	2.3	5.0	6.3	7.8
Homemaker	28.1	29.1	26.4	31.2
Meal Preparation	17.3	13.9	22.2	19.5
Legal/Protective	22.6	19.9	14.7	19.4
Coord/I&R	11.3	15.5	36.3	46.9

*Service received within past six months.

Comparison of Impairment Levels Between Indian/Alaskan Native and Cleveland Elderly. Conducting the analysis of age versus impairment for the Indian and Cleveland elderly populations indicated that similarities exist between Cleveland's 65 and older population and (1) Indians/Alaskan Natives 55 and older and (2) rural Indians/Alaskan Natives 45 and older. In the initial review of response frequencies for each survey item by various Indian age cohorts and the Cleveland population this possibility became apparent. Further study of the distribution of the SEMPA and the related CIS ratings across these population groups verified the significance of these correlations. (See **Analysis of Age Versus Impairment,** pages 39-46 for a detailed discussion of the analysis process and presentation of these findings.) The degree to which these two sub-groups of the Indian/Alaskan Native population significantly mirror the characteristics of the elderly Cleveland population will be clarified by further detailed study.

Number and Location of Indian/Alaskan Elderly Is Uncertain. This finding (or non-finding, if you will) came about when the sampling frame was being identified. Ideally, to accomplish a random sample requires a complete list from which sampling can be conducted. In the case of Indians living on reservations or Alaskans living in villages, relatively complete and accurate information about the age, name, and location of the elderly was readily available, because of the requirement by these communities to maintain tribal rolls for identification purposes. However, double counting persons on tribal rolls is a problem as back and forth migration is currently happening between reservations and urban centers of employment. The Indian elderly living in urban areas are most likely to be severely undercounted when one compares the list the Administration for Native Americans (ANA) maintains on its program recipients versus the "conventional wisdom" of program people in the field. Unless accurate population information is obtained, it will be impossible to determine the extent to which problems and needs of the Indian elderly exist in terms of the actual number of persons affected.

Specific Findings

Computer runs were made yielding percentage responses for each salient variable (question) in the Indian/Alaskan data base. Results were compiled for Indians and Alaskan Natives 45 and older, 55 and older, 60 and older, and for rural Indians 45 and older. These results were juxtaposed with the identical questions asked of the Cleveland GAO sample so that comparisons between groups could be made.

The specific findings may be found in Appendix A. The questions are listed in the order in which they were asked of respondents with SEMPA ratings given at the end of the OARS portion of the questionnaire. The

Cleveland study did not include housing and transportation questions comparable to the Indian/Alaskan Native study, hence there are no comparable results for Cleveland listed. For each question the total number of valid responses is provided. These numbers vary from question to question due to missing responses and/or invalid keypunch and coding entries.

As a prelude to detailed data review the following introductory remarks are useful. To serve as an example, reproduced below from the Appendix are the data on Cumulative Impairment Score.

TABLE 2

Cumulative Impairment Score

	RESPONSE FREQUENCIES				
	Indians and Alaskan Natives			Cleveland	Rural
RESPONSE CATEGORIES	45·	55·	60·		45·
5	1.6	1.4	.6	.8	1.3
6	3.1	1.6	1.5	2.3	2.9
7	2.3	2.6	2.1	3.5	1.7
8	5.2	5.2	4.2	4.1	5.2
9	7.3	7.0	7.4	6.6	6.3
10	12.1	11.0	11.0	10.6	12.9
11	13.1	11.9	11.3	12.5	12.7
12	12.0	12.4	13.7	11.1	12.3
13	11.1	11.5	11.6	10.5	11.7
14	7.9	9.6	8.0	9.0	8.4
15	5.2	4.7	5.7	6.7	5.0
16	4.2	4.4	3.9	6.6	4.6
17	3.7	4.9	6.0	4.4	3.5
18	2.7	2.6	2.4	3.5	2.9
19	2.6	2.3	2.7	2.9	2.7
20	2.6	2.8	3.3	2.3	2.5
21	1.3	1.4	1.8	.9	1.7
22	.3	.5	.6	1.1	.2
23	.3	.5	.3	.3	.2
24	.8	.9	1.2	.1	.6
25	.3	.5	.6	.1	.4
27	.2	— —	— —	— —	— —
28	.2	.2	.3	— —	.2
Valid Responses	619	427	336	1823	479

At the top left, the item name/question (or shortened version thereof) is given. The response categories, in this case the CIS scores, are given down the left side. On the right, in standard form, are the **relative response frequencies** obtained from the data bases — that is, the percentage of total given and validly processed responses for each response category. (The sum of each column, allowing for round off error, is 100%.) The actual number of valid responses on which the distribution is based is given at the foot of each column.

The first three columns are drawn from the Indian/Alaskan Native data base as a whole. Insofar as one of our major findings is that the rural/urban population split is not well known, the figures are unweighted and are, simply the data base results.

The fourth column presents the comparable results from the Cleveland study. As noted previously, this data base significantly under-represents the 60-64 year age group and the population includes non-whites at nearly three times the national average. Based on age/race analysis, the figures should be "worse" that what might be expected from a "true" 60+ national population data base. As a result the figures provide a conservative reference point.

As no Housing and Transportation data was obtained in the Cleveland study and certain questions in the OARS study are not comparable, for tables depicting those items the "Cleveland" column has been left blank.

The final column gives data for the 45+ "rural" (non-urban) American Indian/Alaskan Native population which we contend is equivalent to the 60+ non-Indian population.

The first three columns, read from left to right, are indicative of the effects of age on the Indian population. Comparing the 60+ Indian data (Column 3) with the Cleveland data (Column 4) provides a reasonable basis for comparing the Indian and non-Indian "elderly" as currently defined. The 45+ Rural to Cleveland comparison should be used to validate our equivalent age hypothesis.

In order to more clearly interpret this chart, indicative of the overall well-being of each population, consider the condensed chart shown on the next page:

TABLE 3

Level of Impairment

RESPONSE CATEGORIES	RESPONSE FREQUENCIES Indians and Alaskan Natives 45+	55+	60+	Cleveland	Rural 45+
Excellent CIS=5-7	7.0	5.6	4.2	6.6	5.9
Good CIS=8-10	24.6	23.2	22.6	21.3	24.4
Mildly Impaired CIS=11-14	44.1	45.4	44.6	43.1	45.1
Moderately Impaired CIS=15-18	15.8	16.6	18.0	21.2	16.0
Severely Impaired CIS=19-21	6.9	6.5	7.8	6.1	6.9
Totally Impaired CIS=22+	2.1	2.6	3.0	1.6	1.6

(The "response categories" are our choice, based on some analysis of the demand for services by differently impaired subgroups. They have no standard definition in this case but are used for illustration only.)

Note that the middle two categories (mild, moderate) tend to stay relatively stable in size, while the first two (excellent, good) decrease with age and the last two (severely and totally) increase. Note also that while the 45+ Rural are not identical category by category, there are fewer "Excellent" than Cleveland and more "Severely Impaired", making the aggregate comparable, bearing in mind that the CIS, while numeric, is derived from ordinal scales (i.e., a rating of 3 is worse than 1, but not three times as "bad").

Continuing, let us examine the SEMPA score, again reproduced from the Appendix. In this case the categories are well defined in the questionnaire, but are still ordinal ratings.

Social Resources Overall Rating

RESPONSE CATEGORIES	RESPONSE FREQUENCIES Indians and Alaskan Natives 45+	55+	60+	Cleveland	Rural 45+
Excellent	24.4	23.1	21.9	18.6	23.9
Good	49.8	50.1	48.7	48.6	51.3
Mildly Impaired	16.7	17.2	19.0	21.0	16.2
Moderately Impaired	5.8	5.9	6.7	6.1	6.3
Severely Impaired	2.6	3.2	3.2	4.3	1.4
Totally Impaired	.6	.5	.6	1.3	.8
Valid Responses	618	441	343	1834	489

Economic Resources Overall Rating

RESPONSE CATEGORIES	RESPONSE FREQUENCIES Indians and Alaskan Natives 45+	55+	60+	Cleveland	Rural 45+
Excellent	8.2	7.3	6.7	7.4	7.4
Good	32.9	34.5	36.0	38.8	33.9
Mildly Impaired	25.7	24.8	25.7	38.2	24.1
Moderately Impaired	23.6	24.5	22.2	13.2	24.9
Severely Impaired	8.0	8.0	8.2	2.4	8.2
Totally Impaired	1.6	.9	1.2	——	1.4
Valid Responses	635	440	342	1834	489

Mental Health Overall Rating

RESPONSE CATEGORIES	RESPONSE FREQUENCIES Indians and Alaskan Natives 45+	55+	60+	Cleveland	Rural 45+
Excellent	12.0	10.5	9.4	12.9	10.0
Good	62.7	62.8	61.3	52.3	62.7
Mildly Impaired	16.1	16.9	17.3	22.8	17.6
Moderately Impaired	6.6	7.1	8.8	8.3	8.2
Severely Impaired	2.4	2.7	3.2	3.7	1.4
Total Impairment	.2	——	——	.8	——
Valid Responses	633	438	341	1834	488

Physical Health Overall Rating

RESPONSE CATEGORIES	RESPONSE FREQUENCIES Indians and Alaskan Natives 45+	55+	60+	Cleveland	Rural 45+
Excellent	5.5	3.2	1.5	4.5	5.5
Good	44.7	42.3	41.1	34.6	44.8
Mildly Impaired	26.8	28.9	29.4	31.2	27.2
Moderately Impaired	17.0	18.6	20.1	23.7	16.4
Severely Impaired	5.2	6.4	7.3	5.2	5.5
Total Impairment	.8	.7	.6	.7	.6
Valid Responses	635	440	343	1834	489

Activities Daily Living Rating

RESPONSE CATEGORIES	RESPONSE FREQUENCIES Indians and Alaskan Natives 45+	55+	60+	Cleveland	Rural 45+
Excellent	14.8	11.4	7.9	16.3	12.1
Good	51.0	49.3	49.4	45.1	50.3
Mildly Impaired	21.6	24.3	25.1	23.0	23.1
Moderately Impaired	6.0	7.0	7.9	9.1	7.4
Severely Impaired	3.5	4.1	5.0	4.8	4.1
Total Impairment	3.1	3.9	4.7	1.8	3.1
Valid Responses	635	440	342	1834	489

Again, for clarity, consider the condensed chart shown below (no adjustments have been made to compensate for rounding errors):

TABLE 4

RESPONSE CATEGORIES	RESPONSE FREQUENCIES Indians and Alaskan Natives 45+	55+	60+	Cleveland	Rural 45+
Social					
Excellent/Good	74.2	73.2	70.6	67.2	75.2
Mild/Moderate	22.5	23.1	25.7	27.1	22.5
Severe/Total	3.2	3.7	3.8	5.6	2.2
Economic					
Excellent/Good	41.1	41.8	42.7	46.2	41.3
Mild/Moderate	49.3	49.3	47.9	51.4	49.0
Severe/Total	9.6	8.9	9.4	2.4	9.6
Mental Health					
Excellent/Good	74.7	73.3	70.7	65.2	72.7
Mild/Moderate	22.7	24.0	26.1	31.1	25.8
Severe/Total	2.6	2.7	3.2	4.5	1.4
Physical Health					
Excellent Good	50.2	45.5	42.6	39.1	50.3
Mild/Moderate	43.8	47.5	49.5	54.9	43.6
Severe/Total	6.0	7.3	7.9	5.9	6.1
Activities of Daily Living					
Excellent/Good	65.8	60.7	57.3	61.4	62.4
Mild/Moderate	27.6	31.3	33.0	32.1	30.5
Severe/Total	6.6	8.0	9.7	6.6	7.2

Note that the pattern is generally consistent with the review of Cumulative Impairment Score, i.e., the general reduction in size of the excellent/good category with increasing age, and the increase in severe/total with age.

The "Social" ratings for the Indian population are generally "better" than for the non-Indian population, which we believe to be a relatively valid comparison based on the strength of the extended family. However, this generalization is qualified somewhat by the significantly different responses with regard to having someone to trust and feeling that someone can provide help for an extended period. (See Appendix, pp. 91-93.)

The "Economic" ratings are distinctly worse for the Indian population, as borne out by the detailed data on income, employment, and so forth. However, in comparing any data involving actual dollar values, it must be remembered that this survey was conducted in 1979-1980 while the Cleveland study was conducted in 1975. Significant inflation has occurred and the Cleveland distributions have **not** been corrected for inflation.

Generally speaking the Indian elderly work longer for less pay and have larger families to support. Not unexpectedly, they feel financially insecure and concerned about dealing with emergency situations. Virtually all of the differences between the Indian/non-Indian responses in this area are believed to be significant, and many of the differences are quite dramatic.

The "Mental Health" ratings are somewhat confusing. The overall Mental Health ratings (interviewers' judgement) indicates generally better mental health among Indians than among the Cleveland elderly. These ratings stand in sharp contrast to the detailed results of, for example, the application of the 15 item psychological test and the perception of the respondents themselves. Two issues need to be addressed in clarifying findings in this area: (1) are the Indian **raters** biased by their own cultural norms, and/or (2) is there culture bias in the standard questionnaire. The pervasive self-perception of poor mental health in this section is supported by the strong demand for mental health services in the services supplement, indicating that mental health **is** a problem for the Indian elderly despite the relatively favorable "scores" assigned by interviewers.

In "Physical Health" it can be observed that the ratings generally show a larger percentage of the Indian population in the Excellent/Good category, counterbalanced by a significantly larger population in the Severe/Totally Impaired category. The high incidence of specific diseases (see especially Tuberculosis, Diabetes, Liver and Kidney Disorders, Eyesight, Hearing, and Drinking Problems), the demand for health aids, and a generally poor self-perception of health would tend to indicate another "rater bias" in regard to the Excellent/Good category.

The "Activities of Daily Living" scores would seem to support the same analysis as that given for Physical Health. ADL, dealing with the actual functional capacity of an individual to care for him or herself, is a crucial measure of overall well-being. The detailed responses in this section show a consistently grim picture.

The samples given above serve as illustrations of how to read the findings tables in the Appendix and analyze the data provided therein. In addition, they serve as a useful background to the next section.

Analysis of Age Versus Impairment

The allocation of national resources for serving the elderly is primarily defined by the geographic distribution of the elderly population, elderly being defined in terms of a specific chronological age.

The human problems toward which these programs are directed are not commonly shared by the group nominally defined as "the elderly", but vary considerably in scope, intensity, and time of occurrence. The use of a given chronological age as the basis for distributing resources and allowing service access is an administrative convenience which evades dealing with the issue of need, per se.

As evident in the foregoing review, the needs of the older Indian population are greater than those of the non-Indian population, both in severity and extent. Insofar as chronological age rather than need, per se, is the accepted factor currently in use for allocating resources, the question arises as to whether a different age criterion should be used for the Indian population in order to assume a more equitable distribution of resources. That is, if programs for the aged are generally directed at a population cohort having a certain set of characteristics, and a different cohort of Indians display comparable characteristics, it would seem reasonable to alter the germane administrative requirement to allow that comparable population to be served.

The OARS methodology empioys two related devices for comparing the well-being of individuals, devices which have also been used to compare and contrast various populations. As previously described, at the close of an interviewing session the interviewer rates the individual interviewed in five functional areas:

- Social Resources
- Economic Resources
- Mental Health
- Physical Health
- Activities of Daily Living

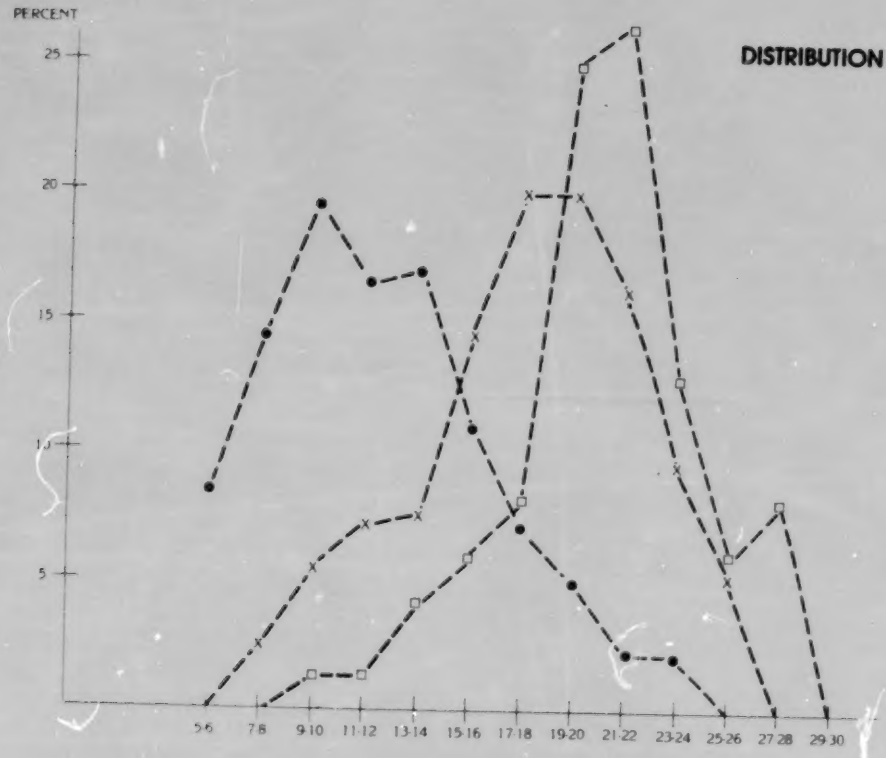
The "score" in each area is assigned according to the following scale:

Excellent	1
Good	2
Mildly Impaired	3
Moderately Impaired	4
Severely Impaired	5
Totally Impaired	6

The set of five scores that result are sometimes referred to as the SEMPA, shorthand for **S**ocial, **E**conomic, **M**ental, **P**hysical, and **A**DL. The most common indicator of well being, for comparative purposes, is the Cumulative Impairment Score (CIS), derived by simply adding the ratings given for each dimension. The CIS, so obtained, can range in value from 5, excellent on all five dimensions, to 30, for total impairment, as indicated on page 160. This CIS, while ignoring the specific combination of scores (which, independently, can be more telling than their sum) has been extensively used to make gross assessments. For example, the relative condition of a given population can be assessed in terms of the **distribution** of CIS among the population, i.e., the percentages of the population whose CIS falls in each impairment class. Three studies conducted in Durham, North Carolina involving (1) the county at large, (2) the clients of a clinic, and (3) the residents of institutions indicated the condition variances within that locale. The result of those studies are illustrated on the next pages in Figures A and B.

FIGURE A

DISTRIBUTION OF CUMULATIVE IMPAIRMENT SCORES IN THREE POPULATIONS



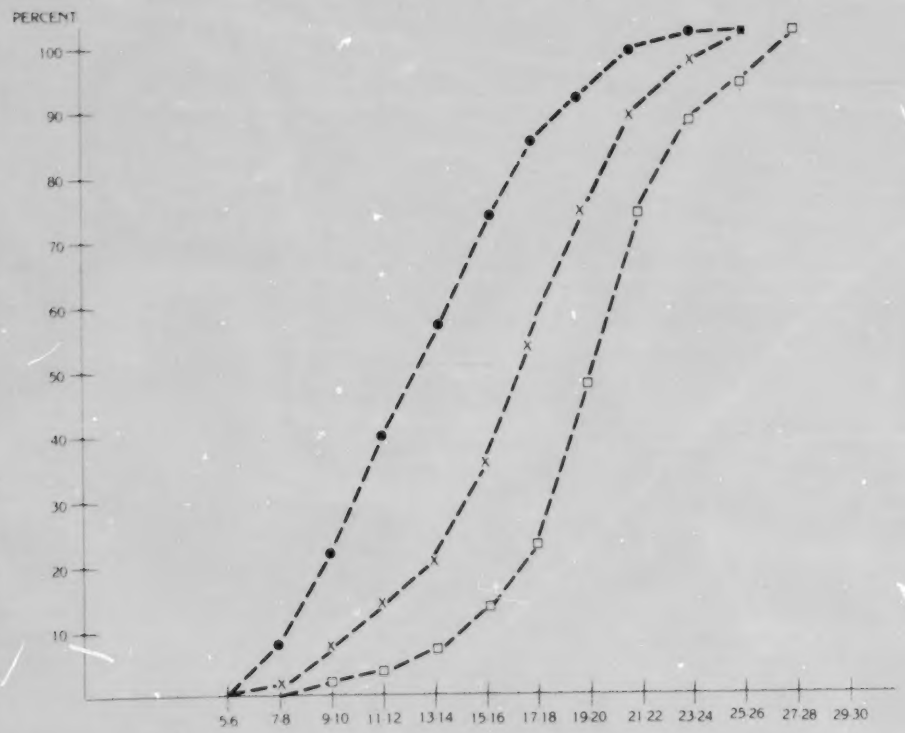


FIGURE B

CUMULATIVE DISTRIBUTIONS OF CUMULATIVE IMPAIRMENT SCORES IN THREE POPULATIONS

- • COMMUNITY
- X CLINIC
- □ INSTITUTIONS

The first figure shows the **distribution** of scores, i.e., the percentage of each surveyed population that had a given score. The second figure shows the **cumulative distribution**, i.e., the percentage of each population that had a score **equal to or less than** the score shown. Either illustration demonstrates the significant differences between the various populations considered. Comparisons between the elderly population of Durham, North Carolina and Cleveland, Ohio showed CIS distributions are similar for the elderly population at large, as shown in Figure C on the next page.

In beginning the analysis of the elderly age issue, an analysis of the CIS distributions for each five year age cohort in the Cleveland study, (e.g., 60-64, 65-69, etc.) was conducted along with a comparable determination of the CIS distributions for the five year age cohorts, (e.g., 45-49, 50-54, etc.) in the Indian data base. This analysis indicated, as expected, a general worsening of condition with age. That is, both the mean and median CIS scores become progressively higher as age increases. It also appeared that the range of condition becomes progressively broader with age, with relatively fewer older people being in good shape, and more being moderately or severely impaired. As an observation for further research, the changing shape of the distributions with age may imply a tri-modal distribution of impairments, i.e., distinct subgroups of the elderly which might be referred to as the healthy, well, and impaired elderly (see pages 41-42), rather than a single continuous distribution.

Since sample sizes in the five year age cohorts were insufficient to draw any clear conclusion, a second stage of analysis was performed. More specifically, we began by comparing the cumulative CIS distribution for the entire 60+ population in Cleveland to the cumulative CIS distribution for the 60+ Indian/Alaskan Native sample. Recognizing there were differences, Indian age cohorts were successively added to the comparison (Indian) sample and the cumulative CIS distribution re-evaluated and compared. For example, we compared the 60+ Cleveland cumulative CIS to the 60+ Indian cumulative CIS distribution curve, and then successively compared the 60+ Cleveland CIS to 55+ Indians, 50+ Indians, 45+ Indians, etc. until a reasonable match between curves was achieved. Such a match was to serve as an indicator of comparable age segments within the two populations. Based on this type of comparison, the combined urban/rural Indian sample, age 55 and over, has characteristics remarkably similar to the Cleveland data base, an approximate 65+ non-Indian population.

A subsequent comparative analysis of the urban and rural sample subsets of the 60+ Indian population indicated strong and consistent differences between urban and rural populations for all variables in the sur-

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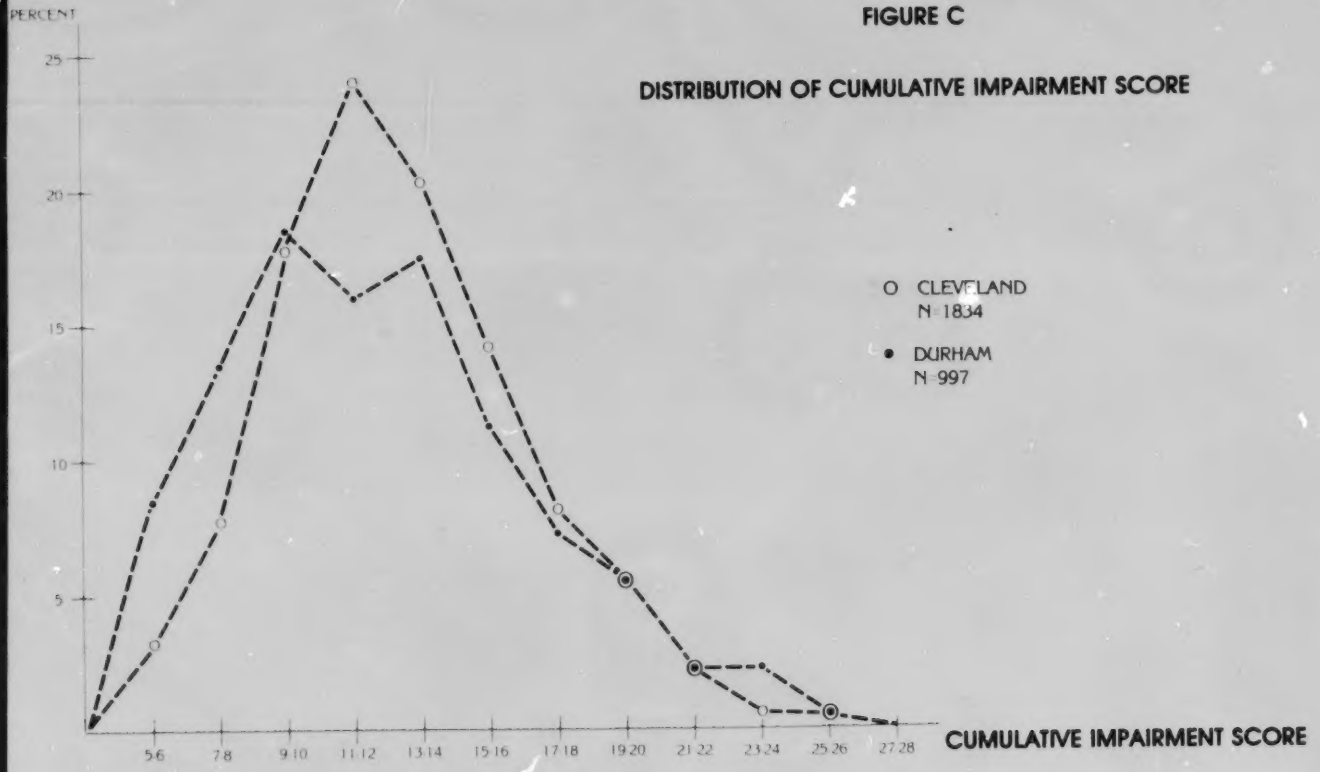
Through the age cohort analysis the fact that the Cleveland data base significantly under-represents the 60-64 age group was identified. Therefore, it should be considered a 65+ sample population.

FIGURE C

DISTRIBUTION OF CUMULATIVE IMPAIRMENT SCORE



vey questionnaire. Based on this observation, the rural age group data was examined in more detail from the Cumulative Impairment Score perspective. As a result of that analysis, it appeared clear that the 45+ rural Indian population was comparable to the Cleveland population as shown below.

TABLE 5

CUMULATIVE IMPAIRMENT SCORE

	CLEVELAND		45+ RURAL	
CIS SCORE	Frequency	Cumulative Frequency	Frequency	Cumulative Frequency
5	0.82	0.82	1.3	1.3
6	2.29	3.11	2.9	4.2
7	3.54	6.65	1.7	5.8
8	4.03	10.68	5.2	11.1
9	6.54	17.23	6.3	17.3
10	10.63	27.86	12.9	30.3
11	12.38	40.24	12.7	43.0
12	11.07	51.31	12.3	55.3
13	10.41	61.72	11.7	67.0
14	9.05	70.77	8.3	75.4
15	6.87	77.64	5.0	80.4
16	6.65	84.30	4.6	85.0
17	4.47	88.77	3.5	88.5
18	3.60	93.37	2.9	91.5
19	2.84	95.20	2.7	94.2
20	2.29	97.49	2.5	96.7
21	0.93	98.42	1.7	98.3
22	1.09	99.51	0.2	98.5
23	0.27	99.78	0.2	98.7
24	0.11	99.89	0.6	99.4
25	0.11	100.00	0.4	99.8
26				99.8
27				99.8
28			0.2	100.00
29				
30				
	100%		100%	

To confirm the apparent finding, the individual SEMPA scores were compared as well, as shown on the following page:

TABLE 6

		CLEVELAND		45 RURAL	
SOCIAL					
Excellent	1	18.6	18.6	23.9	23.9
Good	2	48.6	67.3	51.3	75.2
Mild	3	21.0	88.3	16.2	91.4
Moderate	4	6.1	94.4	6.3	97.7
Severe	5	4.3	98.7	1.4	99.1
Total	6	1.3	100.0	.8	100.0
		100.0		100.0	
				N=489	
ECONOMIC					
Excellent	1	7.4	7.4	7.4	7.4
Good	2	38.8	46.2	33.9	41.3
Mild	3	38.2	84.4	24.1	65.4
Moderate	4	13.2	97.6	24.9	90.4
Severe	5	2.4	100.0	8.2	98.6
Total	6	0.0		1.4	100.0
		100.0		100.0	
				N=489	
MENTAL					
Excellent	1	12.9	12.9	10.0	10.0
Good	2	52.3	65.2	62.7	72.7
Mild	3	22.0	87.1	17.6	90.4
Moderate	4	8.3	95.5	8.2	98.6
Severe	5	3.7	99.2	1.4	100.0
Total	6	0.8	100.0	0.0	
		100.0		100.0	
				N=488	
PHYSICAL					
Excellent	1	4.5	4.5	5.5	5.5
Good	2	34.6	39.1	44.8	50.3
Mild	3	31.2	70.4	27.2	77.5
Moderate	4	23.7	94.1	16.4	93.9
Severe	5	5.2	99.3	5.5	99.4
Total	6	0.7	100.0	0.6	100.0
		100.0		100.0	
				N=489	
ADL					
Excellent	1	16.3	16.3	12.1	12.1
Good	2	45.1	61.4	50.3	62.4
Mild	3	23.0	84.4	23.1	85.5
Moderate	4	9.1	93.4	7.4	92.8
Severe	5	4.8	98.2	4.1	96.9
Total	6	1.8	100.0	3.1	100.0
		100.0		100.0	
				N=489	

INTERPRETATION OF FINDINGS

In any research study, a discussion of the limits to which the data can be used is essential. Issues such as validity, representativeness, and generalizability need to be addressed so that research can be interpreted and applied in appropriate, useful ways. In developing meaningful policy for serving elderly Indians and Alaskan Natives, the inherent shortcomings of the research findings must be recognized. Quantification of the problems, needs, and attitudes of a few are going to be used as a barometer of the problems, needs, and attitudes of approximately 113,000 elderly Indians and Alaskan Natives. Therefore, it is important to call attention to the limits of this research and to provide a realistic context within which to interpret the findings.

Caveats on the Validity of the Findings

One critical aspect of conducting research such as this is to assess the validity of the survey results. Findings which are valid will accurately achieve what the study set out to accomplish; in this case, to measure the conditions of life of elderly Indians and Alaskan Natives. The following discussion provides insight into the validity issue as it relates to the needs assessment results.

The OARS instrument was originally designed using individuals in the dominant society (i.e., the general white population) as the frame of reference. Consequently, several questions in the OARS instrument were found to have limited meaning for the Indian/Alaskan Native population. As an example, a question on available "reserves" is asked to determine an individual's ability to handle the financial aspects of a catastrophic medical disaster. This question assumes that if a person owns his/her own home, sufficient financial reserves will most likely be available to pay for extraordinary medical care in an emergency. Insofar as free IHS hospitalization is available to most Indians, and many reservation Indians do not own their own homes, but instead live on tribal property, "normal" interpretation of responses to this question is inappropriate.

While random sampling was conducted to assure a valid representation of the study population to the total elderly Indian population, sampling was not altogether random. In the urban areas, compiling the list of Indians age 45 and older from which respondents were to be sampled was particularly difficult. Urban Indian centers, in relying upon their records and information supplied by personal referral, devised biased lists made up predominantly of urban center program participants.

In the case of most tribes and Alaskan villages, a complete list of elderly Indians from which to draw the respondent sample was available. Hence, those randomly sampled from these lists helped reflect the true conditions of the elderly reservation population as a whole. In some instances, however, the tribal rolls from which the lists were drawn were out

of date. Persons who had died or left the reservation had not been cleansed from the local records. Some people had moved to hospitals or nursing homes in urban areas. Consequently, persons with critical health problems may be underrepresented.

In using interviewers to assess the extent of impairment among survey respondents (i.e., by means of the OARS rating scale), it is possible that the level of impairment attributed to any respondent could differ by interviewer. Particularly when interviewer training and competencies vary, the likelihood of this occurrence is especially great. Under such circumstances the rating function becomes less reliable and thus the validity of using interviewer ratings to draw research conclusions is questioned. As interviewer performance in conducting the surveys could not be directly monitored, a trade-off was made between validity of the ratings and completion of the research surveys. This issue has been addressed for other OARS studies by cross-comparing interviewer ratings with second-party rating of questionnaires and actual clinician assessments of the respondents. The general inter-rater reliability has been found to be quite reasonable. This is, however, an area of concern that might be further explored at some future time.

From the questions asked during the training sessions, it appeared that some elderly persons picked in the sample might not have been interviewed. Interviewer comments indicated that some of the selected respondents would be senile and/or hard to get along with. As an alternative, the procedure for using informants was discussed. However, few informants were actually used to respond on behalf of senile subjects.

Representativeness of the Results

To reflect the national needs of all elderly Indians and Alaskan Natives, emphasis was placed on scientifically sampling Indian tribes, Alaskan Native villages, and urban centers having Indian residents. The research design called for use of a cluster sampling technique requiring the random selection of all survey respondents (i.e., this assures that each individual in the population has an equal chance of being chosen in the sample). Randomness should promote a representative sample. However, because not all selected tribes, villages, and urban centers participated in the study, the findings may not fully represent the needs of the total population. Those tribes and Alaskan villages that did not participate are listed below:

NON-PARTICIPATING TRIBES AND VILLAGES

- Rosebud Sioux (South Dakota)
- Standing Rock Sioux (North and South Dakota)
- Bad River Chippewa (Wisconsin)
- White Earth Chippewa (Minnesota)
- Pechanga (California)

— Ponca (Oklahoma)
— Cheyenne/Arapaho (Oklahoma)
— Shageluk (Alaska)
— Wind River Arapaho and Shoshone (Wyoming)

With no reservation Chippewa included in the data base and only limited data for the reservation Sioux, about one in five Indians nationally are not sufficiently represented. Also, California rancherias and tribes are not represented because Pechanga, which was to reflect the needs of the elderly reservation Indians in that state, did not participate. Non-participation of the other groups is not as serious because 80% of the other tribes/villages in Oklahoma and Alaska are in the data base. The Crow Tribe can be used to represent the Rocky Mountain Tribes (Wind River).

At the beginning of the data collection phase it was expected that about 30% of the sample would not be included in the findings. This prediction was based upon the participation rates in previous research among Indian people. Therefore, tribes were overcontracted by 30%, 1143 in total, to reflect this expectation. Despite this precaution only 712 interviews of the desired 800 were received. This equals 62% of the total number of interviews contracted and 89% of the research sample sought.

Generalizability

Federally recognized Indian tribes and Alaskan Natives were used in the study. Other State-recognized groups and non-recognized groups were not included in the sampling frame. Inferences to be drawn from these results, therefore, should not be extended to those not included in the research. It is also cautioned that the data collected from the sample should not be used to generalize the needs within any specific tribe, Alaskan village or Urban Center.[5] Regional analysis is feasible in some cases, however. In Washington State, for example, data was collected on 50 urban Indians and 58 reservation Indians. Consequently, statewide inferences concerning need are possible, but confidence in using those estimates will be limited given the relatively small sample size. Alaska and Oklahoma are other sites for which regional analysis is possible.

The urban and non-urban participation ratio is of significance in interpreting study findings. The research design called for 75% of the survey respondents to come from rural or reservation settings and 25% from urban areas. Current estimates indicate, however, that approximately half of the Indian population lives in urban areas and half lives in rural or reservation settings. Without benefit of the latest census, these percentages have not been substantiated. Nevertheless, if the 50-50 ratio is accurate, using this data base to generalize need on a nationwide basis

[5] A sample of 20 or less will not allow for statistical inferences to be made on the fundamental results, unless the distribution of the underlying population parameter is known. In the case of this research, these distributions were unknown.

would over represent the case of the rural/reservation Indian versus the urban Indian.

A major aspect of this research was to determine the onset of impairment relative to age for the Indian versus non-Indian populations. A national sample of non-Indian elderly should have been used as the basis for comparison; however, to date no national study of this kind has been conducted. The General Accounting Office (GAO) in 1975 and 1977 conducted a study in Cleveland, Ohio, using the OARS instrument. The results of that study have been widely disseminated and found to be comparable to previous studies in Washington State and rural Kentucky. Hence, the Cleveland study was selected to serve in this research as a surrogate for a national sample of older Americans. The demographic profile of Cleveland, however, is not congruent with that of the U.S. as a whole; notably the black population in Cleveland is three times higher than the national figure. Therefore, comparisons between Cleveland and the Indian sample must be viewed as tentative pending demographic weighting and further refinements of the data base. The table below provides a comparison between selected demographic characteristics of Cleveland and the entire United States.

	Cleveland Sample	1974 Nationwide Sample
Sex		
Male	38	41
Female	62	59
Age		
65-74	59	63
75 and over	41	37
Race		
White	74	92
Black	26	8
Marital Status		
Single	7	8
Married	40	50
Widowed	46	37
Divorced or Separated	7	5

As noted elsewhere, we are one of the first users of the data tape generated from the Cleveland study, and consequently encountered a wide variety of problems in performing the data analysis. As a result of our access to the detail on tape, we found that the 60-64 year age group is significantly underrepresented. As a consequence, the Cleveland data base should be regarded as representative of the 65+ non-Indian population rather than the 60+ population as formerly believed.

Confidence Limits

Confidence limits are the bounds that we place on the sample statistics when attempting to estimate a characteristic of the total population. We say, for example, that with 95% confidence, the true value of a population statistic lies within a certain range defined by the sample results and confidence limits. More specifically, we might say:

> "With 95% confidence, the incidence of diabetes in the Indian population is 15% ± 2.72%" where the 95% confidence limits on the 15% sample statistic is obtained from a randomly drawn sample of 664 Indians, and the corresponding confidence limits are ± 2.72%."

This might also be expressed, for the same sample, as:

> With 95% confidence, the incidence of diabetes in the Indian population is between 12.28 and 17.72%.

What we mean by these statements is that if we questioned one hundred different, randomly drawn groups of the same size, we would expect at least ninety-five of the sample to give values lying between 12.28 and 17.72. We are therefore "95% confident" that the total population statistic falls within this range.

The confidence limits for any given sample statistic are a function of the confidence desired (e.g., 95%, 90%, etc.), sample size, the value of the sample statistic, and the manner in which the sample was drawn. Confidence limits, i.e., the deviation that must be placed on the sample result in order to estimate a total population value, **increase** as the sample size decreases, **increase** if cluster sampling rather than pure random sampling is used, **increase** as the sample statistic approaches 50%, and **increase** if there is a low response rate from the selected sample group. All of these factors play a role in defining the appropriate confidence levels for any given response obtained in the needs analysis.

Most commonly, confidence limits are of concern when a researcher or program designer is trying to determine an absolute value, e.g., how **many** Indians have diabetes. With respect to questions of this sort, the incidence percentage must be multiplied times the total population to yield an absolute numeric value. The precision of the result is normally a function of the confidence limits. In the specific case of the Indian population, the largest error introduced in making such a computation is the inaccuracy of total population statistics. In effect, the confidence limits become a minor concern when the size of the total population is not known.

In this section the issues of validity, representativeness, generalizability, and confidence levels have been addressed so that realistic interpretations of the meaning of the findings can occur. This discussion is not intended to obviate the utility of the research but to place the data in its proper context so that a well reasoned and meaningful policy for In-

dian and Alaskan Native elderly can be developed. This is the first and most comprehensive systematic study of the needs of elderly Indians and Alaskan Natives. As such it provides a point of departure for further research and should help in defining the relative need priorities among the Indian elderly.

Chapter Six

SERVICES ANALYSES

CONDUCTING THE RESEARCH

Introduction

To determine the range of services available for elderly Indians/Alaskan Natives and the nature of service delivery as it presently exists for this population, two approaches were defined: (1) an analysis of federal programs serving the Indian/Alaskan Native elderly; and (2) a services inventory survey of State Agencies on Aging and local service providers. A profile of services developed from the services inventory survey was to be used in conjunction with the analyses of federal programs serving Indian/Alaskan Native elderly and related to the needs assessment data. By providing an understanding of the context of current services availability and delivery, the services data could then be used to contribute to the development of a program design that would be most responsive to the service needs of Indian/Alaskan Native elderly.

Analysis of Federal Programs Serving Indian/Alaskan Native Elderly

To expand the information base on available programs and services, a review of federal programs serving the Indian elderly was conducted. This review was to determine: (1) what programs are available at the federal level for implementation at the local/reservation level in order to meet the needs of elderly Indians/Alaskan Natives; (2) what administrative, service delivery, and funding constraints and opportunities exist in the legislation and/or regulations which govern those programs; and (3) how these funding sources might be used more effectively and efficiently to meet the unmet needs of elderly Indians/Alaskan Natives.

To this end, emphasis was placed on analyzing those laws cited in the 1978 Amendments to the Older Americans Act as requiring special attention for purposes of coordination. These laws are:

- The Comprehensive Employment and Training Act of 1973
- Title II of the Domestic Volunteer Services Act of 1973
- Titles II, XVI, XVIII, XIX, and XX of the Social Security Act
- Sections 231 and 232 of the National Housing Act
- Section 8 of the U.S. Housing Act of 1937
- Section 202 of the Housing Act of 1959
- Title I of the Housing and Community Development Act of 1974

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- Section 222 of the Economic Opportunity Act of 1964
- The community schools program under the Elementary and Secondary Education Act of 1964
- Sections 3, 5, and 16 of the Urban Mass Transportation Act
- Title XV of the Public Health Services Act (as it relates to Health Systems Agencies) — added in the federal regulations

Amendments to these Acts which took place following the 1978 passage of legislation amending the Older Americans Act were also analyzed.

These laws were reviewed for general information about the purpose, funding source, responsible federal agency, allowable funding recipient, types of financial assistance available under the program, and other administrative information. This preliminary review also identified the specific federal, state, local, and service agencies responsible for administering and delivering services under each of the federal programs.

Subsequently, each law was analyzed to determine: (1) what specific services are required, allowed, and/or prohibited under each program; and (2) what planning and management requirements exist in each Act which delineate how services must be delivered, separated into the same three categories of required, allowed, and prohibited.

A final review elicited information on requirements specifically related to the provision of services to elderly Indians/Alaskan Natives. This was mainly a review of provisions in each Act regarding the administration and planning of services for elderly Indians/Alaskan Natives by reservations and/or other agencies.

Survey of State Agencies on Aging and Service Providers

The services inventory surveys were conducted to provide a sound basis for characterizing the nature of existing services and patterns of service delivery, (i.e., types of organizations delivering services, services being offered, clients being served, types and extent of resources, resource availability, etc.). Thus, surveys were designed to solicit information on the character of service delivery within Indian communities as related to a broad array of services available through various federal, state, and local resources. The following describes the content of the services inventory surveys used in conducting the research and the process by which service data were collected.

Development of the survey questionnaires. To determine the extent and nature of services available to Indian/Alaskan Native elderly around the country, information was sought by surveying two major sources: (1) the aging network, and (2) direct service providers. The aging network perspective was provided by State Units on Aging, specifically those serving elderly Indians and Alaskan Natives. The service providing agencies were surveyed to give the local Indian community perspective.

The major kinds of information sought in the Survey of State Units on Aging were:

- General information about the aging network in the State, and whether planning and administration of aging programs in the State take into account the specific needs of elderly Indians/Alaskan Natives;
- Information on services and funding specifically directed toward meeting the needs of elderly Indians/Alaskan Natives; and
- Specific policy and program actions related to improving services to Indian/Alaskan Native elderly persons.

The State Agency questionnaire was designed to utilize readily obtainable information. Primary focus of the survey was on the allocation of Older Americans Act resources for services to Indian/Alaskan Native elderly; the types of services being supported; and any special efforts, concerns, and comments of the state agency with regard to addressing the needs of this population group.

The Survey of Direct Service Providers Serving Indian and Alaskan Native Elderly collected information from the major public and private agencies and organizations directly serving Indian/Alaskan Native elderly. Information requests included descriptive data about the services available; coverage, auspice, organization, and staffing of the agency; client loan and program budget information; eligibility and payment mechanisms for service, etc.

The kinds of information sought from service providers in Indian communities were similar to those sought from the State Units on Aging. However, the former focused more extensively on the identification of policies and actions regarding service delivery, planning, and management which impact on services to tribes and reservations in the service area. In the Survey of Direct Service Providers, information was also requested on the percentage of persons requesting service and those receiving services who are Indian/Alaskan Native elderly; where these persons live; and what services they actually receive.

In designing the services inventory surveys, a comprehensive review of available instruments was undertaken. Each was analyzed in terms of its applicability to the project and for its usefulness in eliciting relevant information. Because mail-out, self-administering instruments were of greatest utility, a format which was concise and self-explanatory was chosen. Once developed, drafts of the questionnaires were field tested in Albuquerque, New Mexico and refined.

Identifying the respondents. Analyzing the relationship between available services and service needs required that the services inventory surveys be conducted in the same geographic areas used in the needs assessment survey. The service provider respondent universe was to include all agencies serving older persons living within those sites, but would

not be limited to agencies only serving Indian/Alaskan Native elderly. Any provider agency serving this population was considered a valuable information source. The State Agency respondents were from those States having needs survey sites.

Since the geographic boundaries of the Indian tribes/Alaskan Native villages are not in all instances coterminous with service delivery boundaries, the following principles were adopted to guide the selection of service provider agencies for inclusion in the services inventory survey:

(1) All service agencies located within the geographical boundaries of the needs assessment sites that deliver services to the elderly residing within the sites;

(2) All service agencies located outside the bounded areas of the needs assessment sites that deliver services to the elderly residing within the sites; and

(3) All service agencies that deliver services to the elderly in geographical areas not clearly bounded but related to areas where the needs assessment survey was being conducted.

Identification of respondent agencies was conducted at the same time contact was being made to gain approval from Indian tribal and Alaskan village leaders for undertaking the needs assessment. The purpose and process of the services inventory were also explained at that time in order to stimulate support for the survey effort.

Once this was accomplished, the following tasks were performed:

- Individuals who were most knowledgeable about service provision were identified
- Contact was then made with those persons to explain the survey and to acquire the names, mailing addresses, and telephone numbers of service provider agencies, organizations and programs serving Indian and Alaskan Native elderly
- Contact information on service providers was compiled into a Master List and used for mailing services inventory questionnaires.

The primary sources for data collection were Tribal Government and Alaskan Native Corporation service units, Bureau of Indian Affairs Agencies, and Indian Health Service Units. Private sector and other local service provider agencies delivering services within the sample sites were surveyed to supplement the information provided by these organizations. In the case of urban centers, due to time constraints and the complexities of the service delivery system in these settings, services inventory questionnaires were administered only to the services unit within each Urban Center program.

Data collection. Once surveys were disseminated, correspondence with each agency was maintained to provide assistance in completing surveys and to solicit prompt return. Despite recurrent follow-up efforts, only 55 Service Provider questionnaires of the 165 distributed were re-

turned and only ten surveys of 35 were received from the State Units on Aging.

Of the surveys received, all ten State Aging Agency surveys were found useable, while only 30 of the 55 Service Provider surveys rendered sufficient information for analysis. Of the 16 Service Provider surveys which were not useable, 8 had minimal data available and the remainder were returned uncompleted. The latter was due primarily to the fact that these agencies did not serve Indians and/or Alaskan Natives.

As a result of the limited response rate, it was determined that any results or conclusions which might be drawn would be statistically unreliable. Therefore, as opposed to pursuing complex data tabulation and analysis as intended, available services information was compiled and organized for descriptive presentation. Attempts to undergo comparative review of this data with the needs study results were also abandoned.

Data tabulation and analysis. Once the survey instruments were collected, responses were reviewed, coded, and tabulated. In some cases the data contained in the surveys was vague, incomplete, or of questionable accuracy. Statistics cited in the surveys were often couched in terms of "estimates" and "guesstimates" by respondent agencies, with the explanation given that accurate statistics were not available because they are not included in current reporting processes (e.g., number of Indian and/or Alaskan Native elderly served was often unavailable, since reporting forms prohibit asking a person's ethnic or racial status).

Even if the information had been available, however, the size of the respondent sample would make detailed analysis invalid, if not impossible. For these reasons, the services information provided herein is primarily of a descriptive nature with no major conclusions drawn from either survey, except in a very general sense (e.g., the kind of funding sources which might be utilized by a unit of tribal government).

FINDINGS

An Analysis of Federal Programs Serving Indian and Alaskan Native Elderly Persons

As a consequence of the Federal Program analysis, the following information was extracted from the laws reviewed:

- An overview of federal programs serving older Americans
- Agencies administering and delivering public services to older Americans
- Services provided by federal programs which serve older Americans
  a. A list of required, allowed, and prohibited services
  b. Planning and management requirements associated with delivering services
- Coordination mandates in federal programs which serve older Americans
- Specific provisions in federal aging program statutes which relate to serving American Indians and Alaskan Natives.

Presented below is a discussion of the findings.

An overview of federal programs serving older Americans. For the twelve laws reviewed (listed on p. 00), the following information was obtained:

- Responsible federal agency
- Purpose of the law
- Allowable funding recipients/service providers under the law
- Types of financial assistance available under the law
- FY 1979 funding available under the law.

This information revealed several interesting findings. Of course, elderly Indians and Alaskan Natives — due to their status as "older Americans" — are entitled to receive any services provided under these acts which would be provided to older Americans regardless of their ethnic background. The purpose of each Act is usually stated in terms of providing opportunities for older Americans to secure and maintain maximum independence and dignity by ensuring that their health, social, nutritional, housing, economic, and other daily needs are met.

Three major kinds of funding, and associated eligible funding recipients, were noted. First, funding may be provided directly to an older person. The federal programs which provide this type of assistance include:

- Title II of the Social Security Act (OASDI); and
- Title XVI of the Social Security Act (SSI).

Second, funding may be provided to an agency or organization, which then distributes the funding directly to the older person. Examples include:

- Title V of the Older Americans Act (older workers job program)
- Titles II and VI of CETA (CETA jobs for low-income persons)
- Section 8 of the Housing Act of 1937 (rent subsidy program)
- Section 222 (a)(2) of the Economic Opportunity Act (older worker jobs)
- Title II of the Domestic Volunteer Services Act (Foster Grandparent Program and Senior Companion Program).

And third, an agency or organization may be funded to provide services for older Americans. Examples include:

- Title III of the Older Americans Act (social, nutrition and senior center services) — funds distributed to providers by the AAA.
- Title XVIII of the Social Security Act (Medicare) — funds go directly to actual medical service provider on a cost-reimbursement basis.
- Title XIX of the Social Security Act (Medicaid) — funds go to the State Medicaid Agency, which distributes them to medical service providers, who are "certified" by Medicaid, on a cost-reimbursement basis.
- Title XX of the Social Security Act (Social Services) — funds go to State Title XX Agency, which then distributes them to service providers.
- The Housing Act of 1959:
  - —Section 202 (Housing for the Elderly and Handicapped) — 100% federally-financed, direct long-term loans go to eligible agencies and organizations to finance construction of housing.
  - —Section 231 (Mortgage Insurance for rental housing for the Elderly) — direct payments for specified use, and guaranteed/insured loans to eligible mortgagors.
  - —Section 232 (Construction of Nursing Homes and Intermediate Care Facilities) — guaranteed/insured loans to eligible mortgagors.
- The Housing and Community Development Act of 1974 (HCDA):
  - —Title I (Community Development Block Grants) — project grants and formula grants to eligible States, counties, and units of local government.
  - —1978 Amendments to the Housing and Community Develop-

ment Act: Title IV (Congregate Services) — HUD enters into contracts with eligible service providers, i.e., public housing agencies and non-profit corporations.

- Title II of the Economic Opportunity Act:

—Title II, Part A (Community Action Agencies and Programs) — project grants to Community Action Agencies (CAAs) to provide services to eligible low-income persons.

—Title II, Part B:

Section 222(a)(1): Community Food and Nutrition Program (project grants and training grants to eligible agencies and organizations).

Section 222(a)(5): Emergency Energy Conservation Services (project grants, loans, fuel vouchers, or payment guarantees go to eligible agencies and organizations to assist low-income persons with high energy bills).

- The Elementary and Secondary Education Act:
  - —Title VIII: The Community Schools Program (grants and contracts to eligible agencies and organizations).
  - —Title III: Adult Education (formula grants to states, and for discretionary grant programs).
- The Domestic Volunteer Services Act of 1973:
  - —Title II: The Retired Senior Volunteer Program (RSVP) — federal grants to eligible agencies to provide volunteer opportunities for older persons (NOTE: no stipends or other payments given to older volunteers).
- The Public Health Services Act:
  - —Title XV: Health Planning and Resources Development — project grants and contracts provided to Health Systems Agencies, State Health Planning and Development Agencies, and Statewide Health Coordinating Councils to provide coordinated health planning efforts in states and health service areas.
  - —Subpart III: Home Health Services — project grants provided to eligible agencies and organizations to expand and develop home health agencies and services.
- The Urban Mass Transportation Act:
  - —Section 3 (Capital Improvement Grants) and Section 16 (Transportation for the Elderly and Handicapped) — capital assistance grants provided to eligible agencies and organizations to increase available transportation to aged and disabled older persons.
  - —Section 5 (Formula Grant Program) — formula grants provided to public entities, which then disperse these funds to eligible

public and private operators of mass transit services.

Agencies administering and delivering public services to older Americans. Indian Tribal Organizations can receive funding to deliver services to older Indians/Alaskan Natives under the following federal programs referenced herein:

- Titles III, V, and VI of the Older Americans Act;
- Titles XVIII, XIX, and XX of the Social Security Act;
- Titles II, III, IV (A) & (C), VI, and VII of the Comprehensive Employment and Training Act (CETA);
- Title I (Entitlement Grants) of the Housing and Community Development Act;
- Section 222 of the Economic Opportunity Act; and
- Section 316, and the Community Schools Program, under the Elementary and Secondary Education Act.

Coordination mandates in federal programs which serve older Americans. In our review of each of the Acts under consideration, we noted whether the law and/or its regulations mandate coordination, or at least infer that such should take place. In a number of instances, one law will mandate that it be coordinated with another, while that other law does not necessarily mandate that it be coordinated with the first. Or, alternatively, each law seems to give its particular governing agency the primary authority for the coordination — which actually might hinder rather than assist in furthering coordination.

Specific provisions in federal aging program statutes which relate to serving American Indians and Alaskan Natives. Perhaps the most important findings of this analysis are: (1) there are few consistent definitions of "Indian," "Indian Tribe," and "Indian Tribal Organization" in these Acts; and (2) there appear to be a number of opportunities to provide services/programs for older Indians and Alaskan Natives — opportunities which quite possibly are not being maximized.

Services Inventory Survey of State Agencies on Aging and Service Providers

This section presents a discussion of the findings from the two surveys. For each category of findings, the State Agency on Aging surveys will be discussed first, followed by a discussion of the Service Provider surveys. The information extracted from the surveys are:

- An overview of respondents
- The Indian/Alaskan Native client population served

- The primary services orientation
- The primary funding sources
- The primary services provided
- Comments.

Overview of respondents

- State Agency Survey Respondents

  As was noted above, there were ten respondents to the State Agency on Aging Questionnaire. Listed below are those ten states, the number of PSAs in each, and the organizational structure of the State Unit on Aging (SUA):

  Alaska (a single-state PSA; SUA in an umbrella agency of State governments)
  Arizona (6 PSAs; SUA in umbrella agency)
  Montana (7 PSAs; SUA in umbrella agency)
  Nevada (single-state PSA; SUA in umbrella agency)
  New York (58 PSAs; SUA is a cabinet-level Dept. in State government)
  N. Dakota (single-state PSA; SUA in umbrella agency)
  Oklahoma (11 PSAs; SUA in umbrella agency)
  Utah (9 PSAs; SUA in umbrella agency)
  Washington (12 PSAs; SUA in umbrella agency)
  Wisconsin (9 PSAs; SUA in umbrella agency)

- Service Provider Survey Respondents

  There were forty Direct Services Provider Survey respondents. Listed below are the organizational types and states represented in this survey:

ORGANIZATION TYPE	NUMBER RESPONDENTS/ STATES REPRESENTED
—Unit of Tribal/Alaskan Native Government (7)	2 Arizona
	3 Oklahoma
	1 Washington State
	1 New York
—Public Agency (18)	6 New Mexico
	3 Oklahoma
	2 California
	2 Alaska
	1 Pennsylvania
	1 Montana
	1 Arkansas
	1 Washington State
	1 Arizona

—Private, Non-Profit Agency Chartered by the State (7)	2	Pennsylvania
	2	New Mexico
	2	Oklahoma
	1	Washington State
—Private, Non-Profit Agency Chartered by Tribal/Alaskan Native Government (2)	2	Nevada
—Other Private, Non-Profit (3)	1	California
	2	New Mexico
—Federal Agency - DHHS (2)	1	New Mexico
	1	Washington State
—Federal Sub-Contractor (1)	1	New Mexico

Indian/Alaskan Native client population served by respondent agencies. Both the State Agency on Aging and the Direct Services Provider surveys elicited information related to identifying characteristics associated with the Indian/Alaskan Native client group. Listed below are several of the key findings from each of the surveys related to this variable.

- Indians/Alaskan Natives Served by State Agencies on Aging
  - —Of the ten state agency surveys received, Oklahoma and Arizona indicated that they had the largest number of Indian/Alaskan Native elderly (Oklahoma has 13,400 and Arizona has 10,800).
  - —The percent of the state's elderly population which are Indian/Alaskan Natives age 60 or older ranged from .001% in New York to 27% in Alaska. For 8 of the 10 SUA respondents, the figure was less than 3%.
  - —The percent of Indian/Alaskan Native elderly served in the 9 states ranged from 25% in Alaska to 1% in Wisconsin.
  - —In 9 of the 10 states responding to the questionnaire, a larger percent of the SUA's budget was specifically spent for services to Indian/Alaskan Native elderly persons than these groups represented in the state's elderly population. Examples of the variation among the 9 states was as follows:
    - —New York spends 0.1% of its SUA budget for services to Indians/Alaskan Natives who represent .001% of the state's elderly; but
    - —Utah spends 15% of its SUA budget for services to Indians/Alaskan Natives who only represent 2% of the state's elderly population.
  - —Most SUAs had the following specifically directed toward serving the needs of elderly Indians/Alaskan Natives:

—An SUA Advisory Group on Indian/Alaskan Native affairs;
—An SUA staff member designated to address Indian/Alaskan Native concerns;
—Special staff training on Indians/Alaskan natives;
—Targeted resources for Indian/Alaskan Natives; and
—Special coordination of services for Indian/Alaskan native clients.

—Most SUAs did **not** have the following policies/programs for Indian Alaskan Native persons specifically:
—Lower age and other eligibility requirements
—Special transportation to service providers
—Professional and/or clerical staff that are Indians or Alaskan Natives.

- Indians/Alaskan Natives Served by Service Provider Respondent Agencies

—All service provider respondent agencies served at least some Indians/Alaskan Native clients. 17.5% of the respondent agencies served **only** this client group, 22.5% served **primarily** this client group; and 47.5% served **some** Indian/Alaskan Native clients. Five, or 12.5%, of the potential respondent agencies did not respond to this question.

—Of the 16 respondent agencies (40% of respondents) who said they either served only or primarily Indian/Alaskan Native clients, seven were units of tribal/Alaskan Native government; two were private, non-profit agencies chartered by a unit of tribal/Alaskan Native government; one was a non-chartered private, non-profit agency with core funding from ANA; and one was an Indian Health Service Agency.

—Of the 19 respondent agencies which stated that they serve **some** Indian/Alaskan Native clients, the majority (11) were public agencies, and another four were private, non-profit agencies chartered by the State. The remaining four were: one affiliate of the national Easter Seal Society; one unit of tribal government chartered by the U.S. Congress; one Social Security Administration Office; and one federal subcontractor.

—Of the 40 respondent agencies, 77.5% stated that **all** or **some** of their services were specifically designed for older persons; and 20.0%, even though they had no services specifically designed for older people, at least had some elderly persons participating in their programs. The remaining 2.5% of respondents failed to answer this question. Below is a breakdown on these responses regarding age of clients, by type of agency.

1. **All** services/programs specifically designed for older people:
—6 public agencies
—2 units of tribal/Alaskan Native government

—3 private, non-profit agencies chartered by the State
—2 private, non-profit agencies chartered by tribal/Alaskan Native government
—1 federal sub-contractor

2. **Some** services/programs specifically designed for older people:
—8 public agencies
—3 units of tribal/Alaskan Native government
—2 private, non-profit agencies/chartered by the State
—1 each of three types of other private, non-private agencies, and one federal agency (Social Security Administration)
3. **No** services/programs specifically designed for older people, but some elderly do participate:
—4 public agencies
—2 units of tribal/Alaskan Native government
—1 private, non-profit agency chartered by the State
—1 Indian Health Service office

Primary services orientation of respondent agencies. It was originally hoped that the services priorities list from the State Agency on Aging surveys could be compared to those in the direct service provider surveys, in order to determine whether priority services were actually being delivered. However, due to the small sample and respondent size, this type of analysis is relatively meaningless. For example, the respondent agency from Alaska which answered questions related to services provided was a hospital, which did not indicate that it provides any home health services — which were the only health services listed as a priority by the Alaska State Agency.

The closest correlation between state and service provider agencies, with respect to service priorities versus services provided was in Washington State, where four of the State Agency's priority services (i.e., health screening, case management, recreation, and legal services) were listed as services provided by the service provider agencies responding to the survey.

This section of the report, therefore, will concentrate on a discussion of service priorities identified in the service provider questionnaires, but will not attempt to make a comparison between the provider and state agency surveys.

- Findings From State Agency on Aging Surveys

The primary information revealed on the State Agency Survey questionnaire was the list of priority services in each state, according to the State Agency on Aging. Listed below are each of these service priorities, by state for the ten states which responded to the questionnaire:

ALASKA	nutrition, transportation, home health, employment, legal services, outreach, information and referral

ARIZONA	transportation, home health, homemaker, home services, residential repair, information and referral, outreach, escort, other services
MONTANA	noon meal, limited transportation, senior center expenses
NEVADA	home-delivered meals, transportation, nutrition education, health and welfare counseling, information and referral, recreation
NEW YORK	nutrition, meals-on-wheels, homemaker/chore, employment assistance, home renovation and repair, transportation and escort, shopping assistance, recreation and socialization, outreach, information and referral
NORTH DAKOTA	nutrition, transportation, health screening, socialization/recreation, home-delivered meals
OKLAHOMA	congregate and home-delivered meals, home health, transportation, nutrition education, health screening, information and referral, outreach, shopping and escort, counseling
UTAH	social services, nutrition services, training
WASHINGTON STATE	nutrition services, in-home services, health screenir.g, transportation, home repair, case management, recreation, legal services, information and referral
WISCONSIN	nutrition services, transportation, employment, outreach, recreation, senior centers.

The main trend indicated by these findings is that nutrition services are a priority of each of the State Agencies on Aging. This would be expected since nutrition services are mandated by the Older Americans Act. Also mandated by the Older Americans Act are social services, although the Act does not specify exactly which services must be provided, leaving this decision up to the state. All but one of the State Agencies responding to the survey listed transportation as a priority social service.

It is also interesting to note those states which listed service priorities not usually under the aegis of the State Agency on Aging. For instance, health services are listed by Alaska, Arizona, North Dakota, Oklahoma, and Washington State; and home repair and other housing services were listed by Arizona, New York, and Washington State.

- Findings From Service Provider Surveys

The services provider questionnaire contained a summary question which asked: "What would you consider to be the primary **program** orientation(s) of your agency? (If more than one applies, rank in order of level of funding, with 1 as the highest level.)" The six services/programs listed for ranking were: income maintenance, housing, health, employment, education, and social services.

Thirty-eight of the forty agencies responding to the questionnaire answered this question. Analysis of this data revealed that health and social services are the primary program orientation of most of the service providing agencies responding to the survey, as the following table illustrates:

SERVICE/PROGRAM	PRIORITY	RESPONDENT AGENCIES
• Health	1st priority	12 Agencies: —6 public agencies —3 units of tribal government —1 private, non-profit agency chartered by the State —1 private, non-profit agency with core funding from ANA —1 Indian Health Service Agency
	2nd priority	5 Agencies: —1 unit of tribal government —1 public agency —2 private, non-profit agencies chartered by the State —1 private, non-profit agency chartered by the U.S. Congress
• Social Services	1st priority	14 Agencies: —5 public agencies —3 private, non-profit agencies chartered by the State —2 units of tribal government —2 private, non-profit agencies chartered by tribal government —1 affiliate of the national Easter Seal Society —1 private, non-profit agency chartered by Congress

	2nd priority	9 Agencies: --3 units of tribal government —1 public agency —3 private, non-profit agencies chartered by the State —1 private, non-profit agency with core funding from ANA —1 Indian Health Service Agency
• Education	3rd priority	7 Agencies: —2 public agencies —2 private, non-profit agencies chartered by the State —1 private, non-profit agency with core funding from ANA —1 private, non-profit chartered by Congress —1 Indian Health Service Agency.

Primary funding sources

- State Agency on Aging survey results

  All ten State Agencies on Aging which responded to the questionnaire utilized Title III Older Americans Act funding for social and nutrition services. Five of the ten also utilized other special funding, as follows:

Alaska	Longevity Bonus	$ 7 million
	Pioneer Homes	$ 2 million
	IHS/BIA funds	$10 million
Arizona	Special cash funds for food	$110,600
New York	Local funds	$ 8,500
	Special emergency cash funds	$ 4,000
	Special appropriation	$978,300
Utah	Tribal funds	$100,800
Washington State	State funds	$ 85,000

- Service Provider Survey Results

  Two main issues were addressed in the Service Provider Survey which relate to the question of funding sources. The first addresses the issue of funding sources by organization types of the respondent agency. The second addresses the issue of identifying what percent of the agency's budget is expended for certain client groups. Each of these issues is addressed below.

  (1) Funding Source by Organization Type

  This section of the analysis is intended to illustrate the various types of funding which various types of agencies/organizations might utilize in order to provide services to older Indian and Alaskan Native persons.

ORGANIZATION TYPE	FUNDING TYPE	NO. OF AGENCIES USING THIS FUNDING
• Unit of Tribal/ Alaskan Native Government	• Title XX social services funds	1
	• Bureau of Indian Affairs funds	3
	• Indian Health Service funds	5
	• Older Americans Act funds	3
	• CETA funds	1
	• National Institute on Drug Abuse funds	1
	• Title XV Health Planning funds	1
	• USDA funds	1
	• Special Tribal Government funds	1
	• Other State Agency funds	1
• Public Agencies	• Title XX Social Services funds	3
	• Bureau of Indian Affairs funds	1
	• HUD funds	3
	• Older Americans Act funds	2
	• CETA funds	1
	• USDA funds	1
	• Special Tribal Government funds	1
	• Other State Agency funds	2
	• Indian Health Service funds	1
	• ACTION funds	2
	• Law Enforcement Admin. funds	1

(2) Funding Source/Percent of Budget

Of the respondent agencies utilizing Title XX and Older Americans Act funds only 0-21% of their budgets come from these sources. For example, 5 agencies stated that Older Americans Act funds provide 0-20% of their budgets, 2 said they make up 21-40% of their funds, but no agency stated that these funds make up more than 40% of its budget. For Title XX funds, 5 agencies stated that they make up 0-20% of their funds, 1 said that they provide 21-40% of their funds, and only one said that Title XX funds make up 81-100% of their budget.

It is interesting to note that one of the categories most often checked for this question was the category entitled "other." Four agencies said that "other" funding provided 0-20% of their funds, 4 more indicated this funding made up 21-40% of their budget, 1 said it provided 40-60% of its funds, and 3 more said that 81-100% of their funds were provided by "other" funding sources. Since the funding sources listed on the questionnaire were the ones which are most often thought of as major funding sources for services to older persons, it would be worthwhile to research what these other funding sources are. Unfortunately, there was not a place designated on the questionnaire to note this information, so that at this time the information is not available.

Primary services provided. A large portion of the direct service provider questionnaire elicited information related to primary services provided, and other questions associated with this variable. This section of the analysis will comment on several of the more interesting findings from this data.

(1) Primary Services Provided: As a Percent of the Overall Budget

Most of the respondent agencies only provide between 0-20% of their services budget for services specifically to older Indians and Alaskan Natives, but at least one service is available for this group out of each in the list of services. On the other hand, 81-100% of the respondent agency budgets are used to provide services to this client group, with the heaviest concentration of funds going to social services, versus the other service categories of health, housing, placement, income maintenance, and education services.

Since older Indians and Alaskan Natives are also qualified for services provided to **all** older persons, it would appear that, at least to some extent, the service needs of older Indians and Alaskan Natives are being addressed.

(2) Services Provided by Organization Type

Primary types of organizations which provide direct services are: units of tribal/Alaskan Native government, public agencies,

and private, non-profit agencies chartered by the State. The following chart lists the kinds of services provided by these three main types of respondent agencies.

ORGANIZATION TYPE	PRIMARY SERVICES PROVIDED (Number Agencies)
• Unit of Tribal/Alaskan Native Government	• Health Services —skilled nursing care (1) —health screening (2) —alcoholism services (1) —substance/drug abuse (1) • Housing Services —housing location/relocation assistance (1) • Placement Services (0) • Mental Health Services (0) • Income Maintenance Services (0) • Education (1) • Social Services —recreation (1) —multi-purpose centers (1) —protective/legal services (1) —counseling (1) —case management services (1) —general nutrition services (1) —legal aid(1) • Access Services —transportation (1) —outreach (1) • Other Services —general assistance (1)
• Public Agency	• Health Services —skilled nursing care (1) —in-patient hospital care (2) —out-patient clinic care (2) —home health services (2) —other health services (1) • Housing Services (3) —rent subsidy (1) —home repair/renovation (1) • Placement Services (1) • Income Maintenance —financial assistance (1) —food stamps (1) —volunteer stipends (1)

- Education (0)
- Social Services
  - —multi-purpose centers (1)
  - —adult day care (2)
  - —senior center services (1)
  - —homemaker services (3)
  - —chore services (2)
  - —case management services (1)
  - —general nutrition services (1)
  - —home-delivered meals (1)
  - —congregate meals (1)
  - —legal aid (1)
- Access Services
  - —transportation (2)
  - —outreach (1)
- Other Services
  - —equipment loaning (2)
  - —developmental disabilities (1)
  - —child day care (1)
  - —child protective services (2)

- Private, Non-Profit Agency Chartered by the State
  - Health Services (1)
  - Housing Services
    - —weatherization (1)
    - —utility assistance (1)
  - Placement Services (1)
  - Mental Health Services (0)
  - Income Maintenance (0)
  - Education (2)
  - Social Services
    - —recreation (1)
    - —counseling (1)
    - —general nutrition services (2)
  - Access Services
    - —transportation (2)
    - —I & R (1)
    - —advocacy (1)
  - Other Services (4)

Comments from survey respondents. Comments from direct service providers highlighted problems associated with the data which they provided in their answers, saying that certain types of data are not presently being collected (e.g., number Indian/Alaskan Native clients, etc.). Comments provided in the State Agency on Aging surveys were primarily in response to questions about anticipated problems with implementing the 1978 OAA Amendments.

Chapter Seven

CONCLUSIONS AND RECOMMENDATIONS

The federal and programmatic recommendations that follow are based upon the findings of the research and inferences drawn from the data by the National Indian Council on Aging. It should be noted that these recommendations have been reviewed by the governing body of the National Indian Council on Aging and by noted Indian and non-Indian researchers in the field of aging.

The recommendations are divided into two categories: federal (policy) and programmatic. Although these categories are not always mutually exclusive, the "federal" recommendations are those which have broad, across-the-board implications for federal policy, whereas the "programmatic" recommendations are more limited and specific in nature, dealing with particular programs or program activities.

FEDERAL RECOMMENDATIONS

1. **The various federal departments responsible for the delivery of services to the elderly should reaffirm their "trust responsibility" by making standardized provisions for Indian elderly input regarding the development of national priorities and strategies for aging program development and implementation.**

In reviewing the data that has emanated from this project, it seems clear that current aging programs fall short of meeting the needs of the Indian elderly community — both quantitatively and qualitatively. Programs designed and tested in the environments of Washington, D.C., Boston, and Chicago are not necessarily replicable in the Indian community. In particular, the data comparing "services received" and "services wanted" by the elderly respondents indicate a relatively poor match between needed or desired services, and those services currently available to Indian elders.

A basic tenet in Indian programs of all kinds, including social services, has been the concept of "self-determination". In the strictest application of this concept, departments and agencies that impact upon the lives of Indian people need to insure that their policies, programs, and guidelines are congruent with the needs of the Indian community. We believe it is important that mechanisms to implement self-determination be authorized by statute. A precedent for this concept is the National Advisory Council on Indian Education, established by statutory requirement. By creating statutory authority for an analogous body relating to the Indian elderly, policies and recommendations impacting upon the lives of Indian elders can be more systematically and effectively reviewed and developed.

2. **Indian tribes should be "direct funded" by the federal government to provide social services.**

Indian tribes have long advocated that social service funds be channeled directly from the federal government to the tribes, by-passing the state. The Indian Child Welfare Act and Title VI of the Older Americans Act set precedents for such funding mechanisms in social services.

Direct funding acknowledges the legal government-to-government relationship between the federal government and the tribes. Moreover, states frequently have difficulty providing social services to Indian reservations because of their remoteness, cultural and language differences, and so forth. Thus, direct funding may actually prove less costly and more effective by allowing tribes to develop services better suited to the real needs of the reservation elderly. However, we believe that direct-funded programs to tribes must be flexible enough to allow for intergenerational services (see also Programmatic Recommendation #7) and the development of other innovative and culturally-appropriate services within the context of Indian self-determination.

3. **The Administration on Aging should be established as an independent agency in order to increase its administrative and legislative influence. Implementation should include establishment of an adequately staffed and funded Indian desk similar to Indian desks in other federal agencies. This office would act as a central point for information and as an advocate for the needs of the Indian elderly.**

It is clear from the data that a large share of the problems facing elderly Indians are due in part to the lack of an effective and visible advocacy effort at the federal level. While the Administration on Aging has attempted to effect coordination between and among other federal departments providing social services to the elderly, its location within the hierarchy of the Department of Health and Human Services subjects any meaningful effort by AoA to the priorities of the department and the administration. Further, our analysis of federal statutes which mandate coordination among federal aging programs reveals serious conflicts among the mandates; for example, a number of agencies have been directed to take the lead in coordination efforts, resulting in "too many chiefs and not enough Indians".

It is also clear from the research data that at least some aging services are currently available in most Indian communities. The fact that Indian elders are receiving comparatively fewer services indicates a need to increase resources and coordination among the existing services. Currently, this coordination is almost non-existent, both at the local and national levels. In addition, the data suggest that there are services now being provided which are not needed, while services that **are** needed are not being provided in quantities sufficient to meet the demand. Hence, the

need to develop and establish an Indian focal point within the Administration on Aging to better coordinate and prioritize services for Indian elderly at the national level.

4. **All federal departments and agencies which have significant impact on the Indian elderly should have aging program officers with sufficient rank to effect coordination with the National Indian Council on Aging and with the Administration on Aging's "Indian Desk".**

The Administration on Aging's response to meeting the unmet needs of the American Indian elderly (and other minorities as well), has been to assist in the establishment of national minority organizations. It has been the role of these organizations to provide the Administration on Aging with the necessary expertise and information to identify and begin to address these unmet needs. As has been noted in the text of the research report, the lack of coordination among the various federal programs has resulted in an inconsistent approach to aging-related program foci, e.g., definitions of "aged" vary from program to program, and among departments.

The implementation of this recommendation would interface community expertise with programmatic expertise for the joint development of prioritization and funding mechanisms that increase needed services at the local level, as well as the development of federal policies that are consistent with the needs of the affected community at the national level.

5. **The different federal agencies charged with the responsibility of meeting the needs of the Indian community should develop and adopt single, consistent definitions for the terms "Indian" and "Indian tribe". It is further recommended that such definitions be consistent with those delineated in P.L. 93-638, the Indian Self-Determination Act.**

Without consistent, standard definitions of these terms, ambiguity will continue to exist as to the number of elderly Indians who are eligible for existing social services, as well as the number of Indian elders actually benefitting from them.

In addition, standardization of these definitions should result in a more clearly defined target group, allowing clearer prioritization of services, and development of services that will be more responsive to the actual cultural and physical needs of this target group. Further, a more precise and consistent definition of the target group should allow for more efficient coordination and channeling of available resources.

Finally, it should be noted that P.L. 93-638 definitions give first priority to members and governments of federally recognized tribes. It is our position that this is appropriate on the basis that it is these tribal governments with which the federal government has a special legal relationship and trust responsibility.

PROGRAMMATIC RECOMMENDATIONS

1. **Since Indians have a higher rate of chronic ailments, and these ailments tend to manifest themselves at an earlier age than in the non-Indian population, it is important to (1) start utilizing methods to predict the course or trajectory of the ailment, (2) identify restorative and preventive measures targeted to specific ailments, and (3) anticipate the complete service package needed during and after any therapeutic intervention so that the beneficiary receives the full services required during the projected course of the ailment.**

The research indicates that Indians have a higher incidence of chronic ailments than the non-Indians sampled in the Cleveland data. For example, the incidence of tuberculosis, diabetes, kidney disease and glaucoma are 7%, 16%, 9.4% and 7.8% respectively. Further, it is extremely probable that the high incidence of diabetes and glaucoma, combined with late diagnosis and delayed treatment, have contributed to the high rate of vision problems. Of the Indian people sampled, 28% of those 60+ reported having poor or no eyesight, compared to only 14.4% of the Cleveland sample.

The data clearly indicate the need for development of preventive health packages by those federal agencies responsible for the delivery of health care to the Indian population. A part of this commitment must be to ensure that preventive services are targeted to those who, at whatever age, are at high risk of suffering ailments which have particularly devastating results in later years.

Finally, although the data do not clearly indicate this, it may well be advisable to explore ways of involving older age cohorts in the development of more effective and culturally-acceptable health care delivery modes at the tribal level.

2. **Increase incentives and supportive services for home care of the elderly which would provide the basic supports required by the older Indian, especially in rural areas, and reduce the overall burden of the informal caregiver.**

The data show that 54.4% of Indians age 45+ living in rural areas are married, as are 44.5% of all Indians aged 60+. However, only 32.1% and 28.5% respectively, indicated their spouse as their primary informal caregiver. This indicates an exceptionally high proportion of older Indians who, though married, are unable to rely on their spouse for these services. (Reasons for this finding are unknown, but it is likely that many are physically unable to assume this role due to poor health.) In both age cohorts, the offspring of the respondents assumed a much greater role in this capacity, 43.2% and 43.8%, respectively. The data on provision of transportation by family and friends seem to support this pattern, with 52% and 55.1%, respectively, receiving these services from informal caregivers. In

contrast, 89% and 80.1% respectively indicated they do not have access to publicly-funded transportation services. It is clear from a majority of the variables related to activities of daily living that a significant number of elderly Indians need at least some help in the rudiments of daily existence. A poignant example is the response level to the question of the extent to which their health interferes with doing things. Fully 44.6% of the rural 45+ and 71.2% of the 60+ indicated some level of interference.

While it is a statement of fact that the informal care system is currently viable, it seems clear that economic and social trends will make it increasingly difficult for the informal caregiver to shoulder the burden of providing such care.

3. In order to reach the most needy among the Indian elderly, those in charge of policies and services must engage in a vigorous outreach effort.

The data suggest that Indian elderly generally are isolated and live great distances from service delivery systems. 29.4% of the Indian elderly 60+, compared to 17.9% of the Cleveland sample, indicated they had talked with someone once or less during the preceding week. The data on availability of transportation, as well as distances to services and social contacts, clearly supports the relative isolation of the Indian elderly. In addition, with almost 29% of Indian elderly 60+ reporting education levels of four years or less, it is likely that many are not only physically but linguistically and socially isolated, particularly in urban areas. It is likely that both the unavailability of transportation and the lack of competency in speaking and writing English are barriers to Indian utilization of entitlement programs. The data on the percentages of elderly Indians not utilizing medicaid (74%) and food stamps (61%) would seem to corroborate this assumption.

Hence, there appears to be a strong need for service providers and policymakers to develop vigorous outreach efforts that are culturally responsive and appropriate.

4. Indian elders have a need for more bilingual service providers working directly with them, as well as for bilingual "escort-advocates" to help them negotiate the public programs system. In addition, this system must be coordinated and expanded through the use of existing Indian community-oriented agencies and organizations, and through improved provision of information regarding existing services and benefits.

With approximately 29% of elderly Indians reporting education levels of four years or less, it is reasonable to assume that a sizable proportion of this population is not sufficiently competent in the English language to negotiate the service delivery system. It is likely that this contributes significantly to their low level of participation in programs to which they

are entitled. In order to improve access of Indian elders to the service system, it will be necessary to prioritize training activities and commit training resources to realize a cadre of trained bilingual escort-advocates to perform in the recommended capacity.

In order to ensure that Indian community-oriented agencies provide this service, it will also be necessary to provide training which will increase their capacity to deliver information and referral, outreach, and other services appropriately. Concepts and jargon in the aging field are new and foreign to the Indian community and, specifically, to many Indian service providers. To initiate and implement aging programs in the Indian community without specific training will virtually ensure that these programs fail.

5. **The federal government should assist Indian communities by promoting, and removing bureaucratic barriers to, positive coordination of all resources for social service programs affecting the elderly at the community level, making a "case management" approach possible in reality as well as in theory.**

The data generated on service providers and service utilization, although minimal, indicate a number of likely barriers to total resource utilization and coordination within the service delivery system. An example has been the lack of a standard definition of "Indian" and "Indian Tribe". By implementing this and other recommendations, it should be possible to realize a service delivery system which will be better coordinated and thus better able to provide a total service package which is responsive to the multi-faceted and changing needs of the elder.

6. **The federal government must commit itself to a comprehensive policy on Long Term Care which encompasses medical, health and social services. Further, unification of services and funding sources must be assured so that appropriate options to institutionalization can be developed in the Indian community.**

Historical experience indicates that the Indian community is approximately 10-15 years behind the non-Indian community in provision of social services. As an example, the non-Indian community began to develop nursing homes as a mode of service delivery during the 1960's. It was not until the mid-1970's, long after the non-Indian community began searching for alternatives to nursing home care, that the Indian community began to identify the nursing home as a priority.

This research study clearly underscores the need to mobilize resources and to develop coordination linkages within the aging service delivery network. It is strongly recommended that the traditional Indian service providers, i.e., the Bureau of Indian Affairs and the Indian Health Service, increase their commitment of resources for meeting the needs

of the Indian elderly. With the incorporation and interfacing of these two service providers, which to this point have postured themselves in a "residual service provider" position, the major building blocks to a comprehensive policy on Long Term Care for Indian elders can be initiated.

7. Funding structures should be changed to encourage age-integrated rather than age-segregated services.

The data reflect the fact that the family support system is a vital characteristic of the Indian community. It is not only a viable but a desirable and needed component in the service delivery system. For example, the data reveal a tendency of the Indian elderly to rely heavily upon the family for assistance, as well as to assume significant child care responsibilities, indicating the continued existence of the traditional reciprocal relationships of "interdependence" rather than "independence" between generations.

At the same time, this characteristic may also create a barrier to service utilization under current federal regulations. For example, 25% of the Indian elderly indicated responsibility for at least one foster child or grandchild. Yet children may not eat at elderly nutrition sites unless the full cost of their meal is paid. Consequently, few of the elders who have child-care responsibilities are likely to participate in nutrition programs, no matter how great their need for nutrition services. It is probable that the age-segregation inherent in such regulations contributes to the low participation rates of Indian elders in these programs. Several exemplary programs have shown that it is possible to increase participation of Indian elders in aging programs by recognizing this "interdependence" and facilitating intergenerational participation. Other moves in this direction would have additional benefits. For example, on most Indian reservations there is a shortage of public facilities. Relaxing federal requirements that buildings such as multi-purpose senior centers be utilized only for senior activities would result in increased utilization of existing facilities.

In sum, the movement toward packaging total program resources to meet the needs of the "family unit," which includes the elderly, should be actively pursued by and for the Indian community.

8. Social services for Indian elders must be culturally and linguistically specific, particularly with regard to nutrition and social activities, and increased resources must be allocated to such programs.

With the large proportion of Indian elderly who have had limited access to formal educational opportunities (and in fact, limited exposure to the non-Indian community), it is clear that many would benefit from programs developed and designed specifically to accommodate their linguistic and cultural uniqueness. For this to occur, however, tribal members and service providers with Indian service populations will need to have access to appropriate training opportunities, which will require increased resources.

The implementation of Recommendation One of our "Federal recommendations" should also increase the availability of culturally relevant programs.

While this particular recommendation is geared to the needs of today's elderly Indian, it would also be prudent to examine the socio-economic, cultural, and health characteristics of the 45-55 year old cohort and begin to develop long range plans to meet their needs, which are likely to be significantly different from today's aged. Of particular interest might be the development of intervention modes that correspond to the projected trajectory of their particular mental and physical health conditions, as mentioned in "Programmatic Recommendation One".

9. An increase in cash benefits would greatly improve the well-being of Indians, especially in terms of life satisfaction.

While the data indicate that elderly Indians receive more income than their non-Indian counterparts, it should be noted that the income data sets were obtained several years apart (1975 vs. 1979/1980), and income figures have **not** been adjusted for inflation. It is likely that when inflation is accounted for, the data will show Indian elderly to be in more difficult financial straits than their Cleveland counterparts. In addition, whatever the findings upon adjustment, the income of Indian elders is generally shared among more persons than is the income of the non-Indian sample. Many more Indians reported that they have difficulty making house payments, have few assets for emergencies, feel they are less well off financially than others their own age. Therefore, it is not a startling conclusion that 54% of the Indian elderly 60+ indicated that they often worry about things, and that 65.4% feel they do not have enough resources to meet future needs.

Providing for an increased level of cash benefits would greatly improve both their economic and psycho-social well-being.

10. The federal government should review its national housing policy and begin to target resources to meeting the housing needs of the Indian elderly.

While the data show that more elderly Indians 60+ (41.7%) than elderly non-Indians (22.4%) reside in public housing, a greater percentage of Indian elderly pay $100 or more per month for housing (35.2% vs. 27.2%). 57.9% of the Indian elderly age 60+ responded that there were more than two people in the household; 23.7% responded that the household comprised more than three people; 58% of them responded they had less than two bedrooms, suggesting that housing conditions could be categorized as overcrowded. It should also be pointed out that 44.1% of the housing stock is more than 30 years old; and much of the housing is in poor repair, as evidenced by the fact that 29.4% of the elders' homes had leaky roofs within the past 90 days of their interview; 10.7% had holes in their floors; 13.8% had plaster breaking in their homes; and 20% indicated that they had been without running water within the 90 days prior

to the survey. Since such conditions were reported even by those residing in public housing, it is clear that enforcement and compliance policies of the Department of Housing and Urban Development (HUD) need to be reviewed and strengthened.

11. The research needs of the Indian community should be designated as a priority for federal research funds. Compared to the amount of data available on the various subgroups within the nation, data on the Indian elderly is seriously delinquent.

It has been noted in the text of the report that this study has been the first attempt to develop national baseline data on the status of elderly Indians. It has also been noted that this effort has raised numerous additional researchable questions regarding the Indian elderly, and much of this research would be extremely useful in the development of programs, modes of service delivery, and coordination of resources and services that will result in more effective, efficient, and appropriate services for Indian elderly.

12. The various federal departments with responsibility to meet the educational needs of the elderly should prioritize the Indian elderly as prime beneficiaries of adult education programs.

As noted earlier, the elderly Indians sampled in this research effort have had less formal education than their non-Indian counterparts in the Cleveland study. Although not conclusive, the data related to numbers of elderly Indians currently receiving, and those not receiving but wanting, educational programs indicated that if programs were developed for them as beneficiaries, they would be active users. Again, such programs will require increased resources, as well as coordination with supportive services such as transportation to insure utilization.

The educational needs of the Indian middle-aged cohort clearly shows that this population will also require remedial education. A long range approach to planning for the educational needs of elderly Indians should be a vital and integral component of any educational initiative.

13. Aging programs should be allowed to use "functional age" rather than chronological age as a criterion to determine who is an "elderly Indian". Based on this study, the "at risk" population appears to be Indians aged 45+.

The results of this study indicate that the Indian population over age 45 show startling similarities, across several dimensions, to the non-Indian population over age 65.

Such findings clearly indicate that the chronological age criteria now used by federal aging programs (e.g., ages 60, 62 and 65) are not good predictors of an individual's need for aging services, at least within the Indian population.

It may be argued that increased flexibility in eligibility criteria, however desirable, is not economically feasible. But a careful analysis of the relative costs and benefits may show this to be a specious argument. For example, it is notable that the Indian population aged 45+ exhibits a higher incidence of chronic ailments and functional impairments than the general U.S. elderly population. The frequent result of chronic ailment and disability is loss of economic earning power and a decrease in an already poor quality of life — not only for the individual, but often for the extended family as well. Such losses, to the individual and the community, are exacerbated when the impairments begin in early or middle adulthood.

The increased costs involved in timely provision of preventive/ameliorative services to such individuals could well be offset by the economic and social benefits resulting from maintenance of the individual's earning capacity and ability to contribute to family and community.

Thus, from an economic as well as humanitarian perspective, we strongly recommend that chronological age criteria for eligibility to aging services to be relaxed to allow assessment of "functional age" and actual need for the services in question.

APPENDIX

Responses to the Modified OARS Instrument

OARS SURVEY FINDINGS*

PRELIMINARY DATA

Subject Lives on Reservation

RESPONSE CATEGORIES	RESPONSE FREQUENCIES Indians and Alaskan Natives 45+	55+	60+	Cleveland	Rural 45+
No	25.0	24.8	22.5	N/A	— —
Yes	75.0	75.2	77.5		100
Valid Responses	676	472	365		494

Subject's Tribe Same as Reservation

RESPONSE CATEGORIES	RESPONSE FREQUENCIES Indians and Alaskan Natives 45+	55+	60+	Cleveland	Rural 45+
No	2.2	1.1	1.1	N/A	2.2
Yes	97.8	98.9	98.9		97.8
Valid Responses	507	355	283		494

Subject Lives in Urban Area

RESPONSE CATEGORIES	RESPONSE FREQUENCIES Indians and Alaskan Natives 45+	55+	60+	Cleveland	Rural 45+
No	67.9	68.2	69.9	N/A	90.5
Yes	25.0	24.8	22.5		9.5
Valid Responses	676	472	365		494

Subject Alaskan

RESPONSE CATEGORIES	RESPONSE FREQUENCIES Indians and Alaskan Natives 45+	55+	60+	Cleveland	Rural 45+
No	78.8	79.1	79.0	N/A	71.8
Yes	14.2	14.0	13.4		18.8
Valid Responses	678	473	366		496

*Questions are numbered for ease of presentation. The questions appear in this appendix in the same sequence as in the OARS instrument, but the numbering does not correspond to the OARS. In some cases, the wording of the questions has been modified in the interest of brevity.

OARS QUESTIONS

1. How Far Have You Gone in School

RESPONSE CATEGORIES	RESPONSE FREQUENCIES Indians and Alaskan Natives 45+	55+	60+	Cleveland	Rural 45+
0-4 Years	26.3	27.3	28.7	18.4	32.8
5-8 Years	31.7	34.2	34.5	44.4	32.0
High School, Incomplete	20.5	18.4	18.9	16.1	19.3
High School, Complete	11.8	11.5	10.6	8.4	7.9
Post High School	3.9	3.7	2.8	3.4	2.5
1-3 Years College	4.1	3.2	2.8	4.5	4.2
4 Years College	.8	.4	.6	2.4	.6
Post Graduate	.9	1.3	1.1	2.4	.6
Valid Responses	659	462	359	1815	481

SOCIAL RESOURCES

2. Marital Status

RESPONSE CATEGORIES	RESPONSE FREQUENCIES Indians and Alaskan Natives 45+	55+	60+	Cleveland	Rural 45+
Single	7.2	6.8	6.3	8.0	7.5
Married	51.3	49.5	44.5	36.4	54.4
Widowed	30.6	35.7	41.5	47.8	31.0
Divorced	7.9	5.5	5.5	6.2	4.9
Separated	2.8	2.5	2.2	1.7	2.2
Valid Responses	670	471	364	1834	493

Who Lives With You
3a. No One

RESPONSE CATEGORIES	RESPONSE FREQUENCIES Indians and Alaskan Natives 45+	55+	60+	Cleveland	Rural 45+
No	81.3	78.6	74.8	62.2	83.6
Yes	18.7	21.4	25.2	37.8	16.4
Valid Responses	670	471	365	1834	495

3b. Husband or Wife

RESPONSE CATEGORIES	RESPONSE FREQUENCIES Indians and Alaskan Natives 45+	55+	60+	Cleveland	Rural 45+
No	48.7	50.5	55.3	63.7	45.9
Yes	51.3	49.5	44.7	36.3	54.1
Valid Responses	670	471	365	1834	495

3c. Children

RESPONSE CATEGORIES	RESPONSE FREQUENCIES Indians and Alaskan Natives 45+	55+	60+	Cleveland	Rural 45+
No	49.0	57.0	62.3	79.0	44.4
Yes	51.0	43.0	37.7	21.0	55.6
Valid Responses	671	472	366	1834	496

3d. Grandchildren

RESPONSE CATEGORIES	RESPONSE FREQUENCIES Indians and Alaskan Natives 45+	55+	60+	Cleveland	Rural 45+
No	70.3	68.2	68.6	91.4	67.3
Yes	29.7	31.8	31.4	8.6	32.7
Valid Responses	671	472	366	1834	496

3e. Parents

RESPONSE CATEGORIES	RESPONSE FREQUENCIES Indians and Alaskan Natives 45+	55+	60+	Cleveland	Rural 45+
No	97.0	98.7	99.2	99.2	96.8
Yes	3.0	1.3	.8	.8	3.2
Valid Responses	670	471	365	1834	496

3f. Grandparents

RESPONSE CATEGORIES	RESPONSE FREQUENCIES Indians and Alaskan Natives 45+	55+	60+	Cleveland	Rural 45+
No	99.9	100	100	99.9	99.8
Yes	.1	——	——	.1	.2
Valid Responses	670	472	366	1834	495

3g. Brothers or Sisters

RESPONSE CATEGORIES	RESPONSE FREQUENCIES Indians and Alaskan Natives 45+	55+	60+	Cleveland	Rural 45+
No	97.2	98.1	98.1	94.7	96.4
Yes	2.8	1.9	1.9	5.3	3.6
Valid Responses	671	472	366	1834	496

3h. Other Relatives

RESPONSE CATEGORIES	RESPONSE FREQUENCIES Indians and Alaskan Natives 45+	55+	60+	Cleveland	Rural 45+
No	94.9	96.0	96.2	97.8	94.4
Yes	5.1	4.0	3.8	2.2	5.6
Valid Responses	671	472	366	1834	496

3i. Friends

RESPONSE CATEGORIES	RESPONSE FREQUENCIES Indians and Alaskan Natives 45+	55+	60+	Cleveland	Rural 45+
No	97.8	98.7	98.6	97.6	98.4
Yes	2.2	1.3	1.4	2.4	1.6
Valid Responses	671	472	366	1834	496

3j. Non-Related Paid Helper

RESPONSE CATEGORIES	RESPONSE FREQUENCIES Indians and Alaskan Natives 45+	55+	60+	Cleveland	Rural 45+
No	99.7	99.8	99.7	99.2	99.8
Yes	.3	.2	.3	.8	.2
Valid Responses	669	471	366	1834	495

3k. Others

RESPONSE CATEGORIES	RESPONSE FREQUENCIES Indians and Alaskan Natives 45+	55+	60+	Cleveland	Rural 45+
No	98.2	98.1	98.1	98.3	98.1
Yes	1.5	1.7	1.7	1.7	1.4
Valid Responses	658	464	363	1833	486

4. How Many People Do You Know Well Enough to Visit in Their Homes

RESPONSE CATEGORIES	RESPONSE FREQUENCIES Indians and Alaskan Natives 45+	55+	60+	Cleveland	Rural 45+
None	5.7	6.4	7.2	5.6	6.5
None to Two	15.7	16.5	17.4	9.2	15.6
Three to Four	15.1	16.0	16.0	12.1	16.0
Five or More	63.4	61.1	59.5	73.1	61.7
Valid Responses	670	468	363	1709	494

5. How Many Times Did You Talk to Someone on the Phone Last Week

RESPONSE CATEGORIES	RESPONSE FREQUENCIES Indians and Alaskan Natives 45+	55+	60+	Cleveland	Rural 45+
Not At All	12.4	10.8	13.2	10.0	14.3
Once	14.4	16.0	16.2	7.9	15.1
Two to Six Times	32.1	32.3	30.5	31.9	33.3
Once a Day or More	41.1	40.9	40.1	50.3	37.4
Valid Responses	660	462	357	1717	484

6. How Many Times During the Past Week Did You Spend Time With Someone Who Does Not Live With You

RESPONSE CATEGORIES	RESPONSE FREQUENCIES Indians and Alaskan Natives 45+	55+	60+	Cleveland	Rural 45+
Not At All	11.3	12.0	12.9	18.5	12.8
Once	24.5	25.1	27.3	19.1	23.8
Two to Six Times	35.0	35.1	32.0	41.6	33.0
Once a Day or More	29.3	27.8	27.8	20.8	30.3
Valid Responses	666	467	363	1713	491

7. Do You Have Someone You Can Trust and Confide In

RESPONSE CATEGORIES	RESPONSE FREQUENCIES Indians and Alaskan Natives 45+	55+	60+	Cleveland	Rural 45+
No	12.3	12.1	13.1	7.3	13.7
Yes	87.5	87.7	86.8	92.7	86.1
Valid Responses	657	464	358	1704	483

8. How Often Do You Feel Lonely

RESPONSE CATEGORIES	RESPONSE FREQUENCIES Indians and Alaskan Natives 45+	55+	60+	Cleveland	Rural 45+
Quite Often	11.2	12.0	13.6	12.8	10.6
Sometimes	42.1	41.4	41.9	29.3	43.2
Almost Never	46.7	46.6	44.5	57.9	46.3
Valid Responses	653	459	353	1718	482

9. Do You See Relatives and Friends As Often As You Want To

RESPONSE CATEGORIES	RESPONSE FREQUENCIES Indians and Alaskan Natives 45+	55+	60+	Cleveland	Rural 45+
As Often As Wants To	65.6	64.7	63.7	72.4	63.5
Unhappy About How Little	34.4	35.3	36.3	27.6	36.5
Valid Responses	649	459	353	1649	480

10a. Is There Someone Who Would Give You Any Help If You Were Sick or Disabled

RESPONSE CATEGORIES	RESPONSE FREQUENCIES Indians and Alaskan Natives 45+	55+	60+	Cleveland	Rural 45+
No	9.9	8.8	9.2	6.0	10.6
Yes	90.1	91.2	90.8	94.0	89.4
Valid Responses	664	465	360	1688	490

10b. How Long Will This Person Care for You

RESPONSE CATEGORIES	RESPONSE FREQUENCIES Indians and Alaskan Natives 45+	55+	60+	Cleveland	Rural 45+
As Long As Needed	79.5	80.0	77.5	80.2	81.2
A Few to 26 Weeks	10.8	11.7	13.7	13.6	9.7
Now and Then	9.6	8.3	8.7	6.1	9.0
Valid Responses	572	411	320	1513	421

10c. Who Is This Person

RESPONSE CATEGORIES	RESPONSE FREQUENCIES Indians and Alaskan Natives 45+	55+	60+	Cleveland	Rural 45+
Spouse	36.2	32.8	28.4	24.7	38.8
Brother/Sister	7.9	6.1	5.9	10.8	7.4
Offspring	39.7	44.5	46.6	43.7	39.3
Grandchild	2.8	3.9	5.0	1.4	2.9
Parent	1.4	.5	—	—	1.4
Grandparent	—	—	—	—	—
Other Relative	6.1	7.3	8.4	8.0	6.2
Friend	4.7	3.9	4.4	9.1	3.4
Other	1.2	1.0	1.2	2.3	.5
Valid Responses	572	411	320	1540	417

ECONOMIC RESOURCES

ARE YOU PRESENTLY:

11a. Employed Full-time

RESPONSE CATEGORIES	RESPONSE FREQUENCIES Indians and Alaskan Natives 45+	55+	60+	Cleveland	Rural 45+
No	81.5	89.3	94.2	97.5	82.5
Yes	18.5	10.7	5.8	2.5	17.5
Valid Responses	669	468	362	1833	492

11b. Employed Part-time

RESPONSE CATEGORIES	RESPONSE FREQUENCIES Indians and Alaskan Natives 45+	55+	60+	Cleveland	Rural 45+
No	90.4	91.7	92.5	93.5	90.9
Yes	9.6	8.3	7.5	6.5	9.1
Valid Responses	669	469	362	1832	492

11c. Retired

RESPONSE CATEGORIES	RESPONSE FREQUENCIES Indians and Alaskan Natives 45+	55+	60+	Cleveland	Rural 45+
No	70.3	58.8	50.1	22.2	71.4
Yes	29.7	41.2	49.9	77.8	28.6
Valid Responses	667	468	361	1834	490

11d. Retired on Disability

RESPONSE CATEGORIES	RESPONSE FREQUENCIES Indians and Alaskan Natives 45+	55+	60+	Cleveland	Rural 45+
No	85.1	83.4	84.0	95.3	86.4
Yes	14.9	16.6	16.0	4.7	13.6
Valid Responses	669	469	363	1832	494

11e. Not Employed and Seeking Working

RESPONSE CATEGORIES	RESPONSE FREQUENCIES Indians and Alaskan Natives 45+	55+	60+	Cleveland	Rural 45+
No	93.7	95.3	96.1	97.4	93.5
Yes	6.3	4.7	3.9	2.6	6.5
Valid Responses	669	469	362	1833	492

11f. Not Employed and Not Seeking Work

RESPONSE CATEGORIES	RESPONSE FREQUENCIES Indians and Alaskan Natives 45+	55+	60+	Cleveland	Rural 45+
No	87.1	86.5	86.4	81.4	84.9
Yes	12.9	13.5	13.6	18.6	15.1
Valid Responses	668	468	361	1833	491

11g. Full-time Student

RESPONSE CATEGORIES	RESPONSE FREQUENCIES Indians and Alaskan Natives 45+	55+	60+	Cleveland	Rural 45+
No	99.1	99.6	100	100	100
Yes	.9	.4	——	——	——
Valid Responses	668	469	362	1833	492

11h. Part-time Student

RESPONSE CATEGORIES	RESPONSE FREQUENCIES Indians and Alaskan Natives 45+	55+	60+	Cleveland	Rural 45+
No	98.7	99.4	99.2	99.7	99.8
Yes	1.3	.6	.8	.3	.2
Valid Responses	669	469	362	1833	499

12a. What Kind of Work Have You Done Most of Your Life

RESPONSE CATEGORIES	RESPONSE FREQUENCIES Indians and Alaskan Natives 45+	55+	60+	Cleveland	Rural 45+
Never Employed	5.0	5.4	6.7	N/A	6.4
Housewife	27.3	28.4	29.2		27.8
Other	65.4	66.2	64.0		65.8
Valid Responses	659	462	356		482

12b. If "Other," What Specific Occupation

RESPONSE CATEGORIES	RESPONSE FREQUENCIES Indians and Alaskan Natives 45+	55+	60+	Cleveland	Rural 45+
Other	2.2	2.0	2.2	4.0	1.9
Professional	4.5	4.6	4.3	6.5	3.7
Manager-Large Business	1.6	1.6	1.7	4.1	1.2
Farmer Over 50 Acres	.9	1.0	1.3	.6	1.2
Clerical/Sales/Technician/ Proprietor-Small Business	7.0	6.2	6.0	13.7	5.9
Skilled Craftsman	17.3	18.3	17.7	13.4	19.1
Semi-skilled Worker	34.3	33.3	33.6	--	34.7
Service Worker	7.0	7.2	6.0	--	6.9
Unskilled	18.4	20.3	22.0	17.4	18.1
Farm Laborer/Owner Less Than 50 Acres	7.0	5.6	5.2	1.7	7.2
Housewife	4.5	4.6	4.3	15.3	--
(No Primary Occupation)	--	--	--	20.4	--
Never Employed	2.2	2.0	2.2	2.8	--
Valdi Responses	446	306	232	1834	320

13a. Does Your Spouse Work or Did He/She Ever Work

RESPONSE CATEGORIES	RESPONSE FREQUENCIES Indians and Alaskan Natives 45+	55+	60+	Cleveland	Rural 45+
Yes	68.7	71.2	71.5	79.8	65.8
No	28.3	26.5	25.7	12.5	31.3
Never Married	2.8	2.4	2.8	7.6	3.0
Valid Responses	601	423	323	1810	438

13b. If "Yes," What Kind of Work Did He/She Do

RESPONSE CATEGORIES	RESPONSE FREQUENCIES Indians and Alaskan Natives 45+	55+	60+	Cleveland	Rural 45+
Other	5.2	5.4	6.6	4.8	6.0
Professional	5.4	3.7	3.5	5.6	6.4
Manager-Large Business	1.2	1.0	1.3	6.7	.7
Farm Over 50 Acres	1.0	.7	.9	22.4	1.1
Clerical/Sales/Technician Proprietor-Small Business	8.1	7.7	6.6	8.1	6.8
Skilled Craftsman	17.5	17.8	17.9	14.9	14.6
Semi-Skilled Worker	24.1	23.2	22.7	——	22.1
Service Worker	10.3	9.4	10.0	——	10.3
Unskilled	15.3	16.8	15.7	19.6	16.4
Farm Laborer/Owner Less Than 50 Acres	11.8	14.1	14.8	1.7	15.7
Housewife				6.1	——
(No Primary Occupation)				9.8	——
Never Employed				.1	——
Valid Responses	406	297	229	1834	281

14. Do You Support Anyone Besides Yourselves

RESPONSE CATEGORIES	RESPONSE FREQUENCIES Indians and Alaskan Natives 45+	55+	60+	Cleveland	Rural 45+
No				95.9	
Yes				4.1	
Valid Responses				1828	

WHERE DOES YOUR INCOME COME FROM (Yours and Your Spouse's):

15a. Rental Income, Interest Payments (includes oil, gas, grazing, agricultural or timber leases, trusts, annuities, payments from insurance policies, and savings)

RESPONSE CATEGORIES	RESPONSE FREQUENCIES Indians and Alaskan Natives 45+	55+	60+	Cleveland	Rural 45+
No	91.5	91.2	91.8		90.2
Yes	8.5	8.8	8.2		9.8
Valid Responses	647	455	354		478

15b. Social Security (includes Social Security disability payments but not SSI)

RESPONSE CATEGORIES	RESPONSE FREQUENCIES Indians and Alaskan Natives 45+	55+	60+	Cleveland	Rural 45+
No	59.5	47.7	39.3		60.6
Yes	40.5	52.3	60.7		39.4
Valid Responses	655	461	359		482

15c. VA Benefits

RESPONSE CATEGORIES	RESPONSE FREQUENCIES Indians and Alaskan Natives 45+	55+	60+	Cleveland	Rural 45+
No	89.2	88.6	89.3		88.5
Yes	10.8	11.4	10.7		11.5
Valid Responses	647	456	354		478

15d. Disability Payments Not Covered By Social Security, SSI or VA

RESPONSE CATEGORIES	RESPONSE FREQUENCIES Indians and Alaskan Natives 45+	55+	60+	Cleveland	Rural 45+
No	93.8	93.0	93.8		95.6
Yes	6.2	7.0	6.2		4.4
Valid Responses	645	454	353		476

15e. Unemployment Compensation

RESPONSE CATEGORIES	RESPONSE FREQUENCIES Indians and Alaskan Natives 45+	55+	60+	Cleveland	Rural 45+
No	98.9	99.3	99.2		99.0
Yes	1.1	.7	.8		1.0
Valid Responses	646	454	353		477

15f. Retirement Pension From Job

RESPONSE CATEGORIES	RESPONSE FREQUENCIES Indians and Alaskan Natives 45+	55+	60+	Cleveland	Rural 45+
No	88.9	85.7	84.5		89.1
Yes	11.1	14.3	15.5		10.9
Valid Responses	648	455	354		478

15g. Alimony or Child Support

RESPONSE CATEGORIES	RESPONSE FREQUENCIES Indians and Alaskan Natives 45+	55+	60+	Cleveland	Rural 45+
No	99.5	99.8	99.7		99.4
Yes	.5	.2	.3		.6
Valid Responses	645	454	353		476

15h. Scholarship, Stipends

RESPONSE CATEGORIES	RESPONSE FREQUENCIES Indians and Alaskan Natives 45+	55+	60+	Cleveland	Rural 45+
No	99.8	100	100		100
Yes	.2	——	——		——
Valid Responses	645	453	353		476

15i. Regular Assistance From Family Members

RESPONSE CATEGORIES	RESPONSE FREQUENCIES Indians and Alaskan Natives 45+	55+	60+	Cleveland	Rural 45+
No	95.2	96.5	96.6		94.3
Yes	4.8	3.5	3.4		5.7
Valid Responses	645	453	352		477

15j. SSI Payments

RESPONSE CATEGORIES	RESPONSE FREQUENCIES Indians and Alaskan Natives 45+	55+	60+	Cleveland	Rural 45+
No	76.8	71.4	66.6		74.0
Yes	23.2	28.6	33.4		26.0
Valid Responses	646	455	356		477

15k. Regular Financial Aid From Private Organizations or Churches

RESPONSE CATEGORIES	RESPONSE FREQUENCIES Indians and Alaskan Natives 45+	55+	60+	Cleveland	Rural 45+
No	99.1	99.3	99.2		98.7
Yes	.9	.7	.8		1.3
Valid Responses	645	453	353		477

15l. Welfare Payments or Aid for Dependent Children

RESPONSE CATEGORIES	RESPONSE FREQUENCIES Indians and Alaskan Natives 45+	55+	60+	Cleveland	Rural 45+
No	84.3	84.0	84.3		83.1
Yes	15.7	16.0	15.7		16.9
Valid Responses	648	457	357		480

15m. Other Sources (not including wages from employment)

RESPONSE CATEGORIES	RESPONSE FREQUENCIES Indians and Alaskan Natives 45+	55+	60+	Cleveland	Rural 45+
No	86.7	86.9	86.3		83.4
Yes	13.3	13.1	13.7		16.6
Valid Responses	622	436	342		458

16. How Much Income Do You and Your Spouse Have a Year

RESPONSE CATEGORIES	RESPONSE FREQUENCIES Indians and Alaskan Natives 45+	55+	60+	Cleveland	Rural 45+
o to 499 per year	1.5	.7	.8	.1	1.8
500 to 999	1.8	1.5	.8	.6	2.3
1,000 to 1,999	4.9	5.5	5.4	14.8	5.3
2,000 to 2,999	17.8	19.7	21.8	25.5	18.9
3,000 to 3,999	15.0	18.2	18.6	16.8	13.9
4,000 to 4,999	12.3	13.6	13.8	12.0	12.5
5,000 to 6,999	16.9	16.7	15.5	14.5	17.4
7,000 to 9,999	13.2	11.8	13.0	8.7	12.9
10,000 to 14,999	8.3	7.2	6.5	4.3	7.0
15,000 to 19,999	4.0	2.9	2.3	1.1	3.9
20,000 to 29,999	2.8	1.1	.8	.8	2.7
30,000 to 39,999	1.2	.9	.6	.4	1.0
40,000 or more	.3	.2	——	.3	.4
Valid Responses	652	456	354	1598	488

17. How Many People Live on This Income

RESPONSE CATEGORIES	RESPONSE FREQUENCIES Indians and Alaskan Natives 45+	55+	60+	Cleveland	Rural 45+
1	29.7	34.3	39.3	N/A	27.0
2	31.3	35.0	35.7		29.5
3	10.4	9.9	8.0		9.5
4	8.8	7.8	7.7		10.1
5	6.9	5.1	4.5		7.7
6	5.2	3.2	1.8		6.6
7	2.6	1.4	1.2		3.3
8	2.1	1.2	.3		2.6
9	1.1	1.2	.6		1.5
10	.7	.2	—		.9
11	.3	—	—		.4
12	.2	.2	.3		.2
13	.3	.2	.3		.4
Valid Responses	613	434	336		455

18a. Do You Own Your Home

RESPONSE CATEGORIES	RESPONSE FREQUENCIES Indians and Alaskan Natives 45+	55+	60+	Cleveland	Rural 45+
No	34.9	33.6	31.9	53.8	26.1
Yes	65.1	66.4	68.1	46.2	73.9
Valid Responses	650	456	354	1832	482

18b. If "Yes," How Much Is Your Home Worth

RESPONSE CATEGORIES	RESPONSE FREQUENCIES Indians and Alaskan Natives 45+	55+	60+	Cleveland	Rural 45+
Up to 10,000	29.6	30.6	32.5	11.1	32.3
10,000-24,000	32.3	34.0	34.0	56.5	32.9
25,000-50,000	24.3	23.8	23.4	30.8	21.1
More Than 50,000	12.7	11.3	9.6	1.7	12.5
Valid Responses	378	265	209	751	313

18b1. Do You Own It Outright or Are You Paying a Mortgage

RESPONSE CATEGORIES	RESPONSE FREQUENCIES Indians and Alaskan Natives 45+	55+	60+	Cleveland	Rural 45+
Own Outright	73.9	75.7	79.1	89.4	78.7
Still Paying	26.1	24.3	20.9	10.6	21.3
Valid Responses	398	284	225	841	333

18b₂. How Much Is the Monthly (Mortgage) Payment

RESPONSE CATEGORIES	RESPONSE FREQUENCIES Indians and Alaskan Natives 45+	55+	60+	Cleveland	Rural 45+
0 to 59	46.0	47.0	50.8	7.3	59.6
60 to 99	11.9	14.5	18.6	17.1	11.2
100 to 149	15.9	16.9	11.9	42.7	9.0
150 to 199	5.6	6.0	——	25.6	1.1
200 to 249	4.0	3.6	1.7	4.9	1.1
250 to 349	5.6	4.8	6.8	2.4	4.5
350 and up	2.4	——	——	——	1.1
Not Answered	5.6	6.0	8.5	——	7.9
Valid Responses	126	83	59	82	89

18c. If You Don't Own Your Own Home, Who Pays the Rent

RESPONSE CATEGORIES	RESPONSE FREQUENCIES Indians and Alaskan Natives 45+	55+	60+	Cleveland	Rural 45+
Subject Alone	74.0	76.6	76.8	71.9	71.5
Subject Pays Some	13.2	14.3	15.2	15.1	10.6
Subject Pays None	10.6	7.8	6.3	13.0	14.6
Valid Responses	227	154	112	980	123

18c₁. How Much Rent Do You Pay

RESPONSE CATEGORIES	RESPONSE FREQUENCIES Indians and Alaskan Natives 45+	55+	60+	Cleveland	Rural 45+
0-59 per month	34.4	41.7	42.9	38.2	51.5
60-99	16.9	18.0	20.0	36.5	18.6
100-149	21.5	19.4	19.0	16.0	17.5
150-199	12.8	10.1	8.6	4.9	3.1
200-249	4.6	5.0	3.8	.7	1.0
250-349	5.6	3.6	3.8	1.8	3.1
350 or more	2.1	.7	——	1.8	1.0
Valid Responses	195	139	105	835	97

18c₂. If You Don't Own Your Own Home, Do You Live in Public Housing or Receive a Rent Subsidy

RESPONSE CATEGORIES	RESPONSE FREQUENCIES Indians and Alaskan Natives 45+	55+	60+	Cleveland	Rural 45+
No, Neither	63.2	59.6	57.5	77.1	58.4
Yes, Public Housing	28.5	31.9	32.3	19.1	34.3
Yes, Rent Subsidy	6.6	7.2	9.4	3.8	4.4
Valid Responses	242	166	127	977	137

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19. Are Your Assets and Financial Resources Sufficient to Meet Emergencies

RESPONSE CATEGORIES	RESPONSE FREQUENCIES Indians and Alaskan Natives 45+	55+	60+	Cleveland	Rural 45+
No	69.8	68.3	67.0	41.5	73.2
Yes	30.2	31.7	33.0	58.5	26.8
Valid Responses	655	458	352	1679	481

20. With Your Expenses, Can You Meet Your Payments

RESPONSE CATEGORIES	RESPONSE FREQUENCIES Indians and Alaskan Natives 45+	55+	60+	Cleveland	Rural 45+
Cannot Meet Payments	10.2	8.9	8.2	3.2	12.2
Can Barely Meet Payments	56.5	58.0	57.5	38.5	61.2
Payments Are No Problem	33.1	33.1	34.3	58.3	26.3
Valid Responses	555	459	353	1798	482

21. Is Your Financial Situation Such That You Feel You Need Financial Help Beyond What You Are Already Getting

RESPONSE CATEGORIES	RESPONSE FREQUENCIES Indians and Alaskan Natives 45+	55+	60+	Cleveland	Rural 45+
No	37.8	40.0	41.6	64.1	34.0
Yes	62.2	60.0	58.4	35.9	66.0
Valid Responses	653	457	353	1779	480

22. Do You Pay for Your Own Food or Do You Get Any Regular Help With Costs of Food or Meals

RESPONSE CATEGORIES	RESPONSE FREQUENCIES Indians and Alaskan Natives 45+	55+	60+	Cleveland	Rural 45+
Subject Pays for Food	75.2	74.4	73.7	76.9	74.1
Subject Gets Help	24.8	25.6	26.3	23.1	25.9
Valid Responses	660	465	167	1828	486

IF YOU GET HELP, WHERE DO YOU GET HELP FROM:

23a. Family or Friends

RESPONSE CATEGORIES	RESPONSE FREQUENCIES Indians and Alaskan Natives 45+	55+	60+	Cleveland	Rural 45+
No	77.0	74.8	73.7	62.8	73.1
Yes	23.0	25.2	26.3	37.2	26.9
Valid Responses	309	214	167	419	245

23b. Food Stamps

RESPONSE CATEGORIES	RESPONSE FREQUENCIES Indians and Alaskan Natives 45+	55+	60+	Cleveland	Rural 45+
No	59.1	60.8	61.0	39.4	60.8
Yes	40.5	39.2	39.0	60.6	38.8
Valid Responses	328	227	177	416	260

23c. Hot Meals Program

RESPONSE CATEGORIES	RESPONSE FREQUENCIES Indians and Alaskan Natives 45+	55+	60+	Cleveland	Rural 45+
No	77.4	73.6	70.4	88.9	73.9
Yes	22.6	26.4	29.6	11.1	26.1
Valid Responses	305	208	162	415	241

23c1. If "Yes," How Many Meals Per Week Do You Get From an Agency

RESPONSE CATEGORIES	RESPONSE FREQUENCIES Indians and Alaskan Natives 45+	55+	60+	Cleveland	Rural 45+
None	62.3	51.4	48.4	2.1	57.8
1	11.3	143.9	14.1	4.2	14.5
2	4.7	5.4	4.7	6.3	4.8
3	13.2	16.2	18.8	10.4	13.3
4	--	--	--	2.1	--
5	6.6	9.5	10.9	35.4	8.4
6	--	--	--	2.1	--
7	.9	1.4	1.6	16.7	1.2
9	--	--	--	12.5	--
20	--	--	--	2.1	--
21	.9	1.4	1.6	6.3	--
Valid Responses	106	74	64	48	83

24. Do You Feel That You Need Food Stamps

RESPONSE CATEGORIES	RESPONSE FREQUENCIES Indians and Alaskan Natives 45+	55+	60+	Cleveland	Rural 45+
No	41.2	40.0	40.6	61.6	39.8
Yes	58.8	60.0	59.4	38.4	60.2
Valid Responses	634	442	342	1805	465

25. Are You Covered By Health or Medical Insurance

RESPONSE CATEGORIES	RESPONSE FREQUENCIES Indians and Alaskan Natives 45+	55+	60+	Cleveland	Rural 45+
No	38.6	34.7	32.8	1.9	44.5
Yes	61.4	65.3	67.2	98.1	55.5
Valid Responses	640	447	341	1820	467

IF YOU HAVE HEALTH OR MEDICAL INSURANCE, WHAT KIND DO YOU HAVE:

26a. Medicaid

RESPONSE CATEGORIES	RESPONSE FREQUENCIES Indians and Alaskan Natives 45+	55+	60+	Cleveland	Rural 45+
No	77.2	77.5	73.6	94.5	72.4
Yes	22.8	24.5	26.4	5.5	27.6
Valid Responses	478	347	276	1789	341

26b. Medicare Hospital Only

RESPONSE CATEGORIES	RESPONSE FREQUENCIES Indians and Alaskan Natives 45+	55+	60+	Cleveland	Rural 45+
No	84.7	82.4	80.5	82.5	80.4
Yes	15.3	17.6	19.5	17.5	19.6
Valid Responses	476	347	277	1776	342

26c. Medicare Hospital and Doctor

RESPONSE CATEGORIES	RESPONSE FREQUENCIES Indians and Alaskan Natives 45+	55+	60+	Cleveland	Rural 45+
No	**71.2**	**62.7**	**54.7**	**19.4**	**74.6**
Yes	**28.8**	**37.3**	**45.3**	**80.6**	**25.4**
Valid Responses	**476**	**346**	**276**	**1781**	**335**

26d. Other Hospital Only

RESPONSE CATEGORIES	RESPONSE FREQUENCIES Indians and Alaskan Natives 45+	55+	60+	Cleveland	Rural 45+
No	89.6	90.7	91.9	86.3	91.0
Yes	10.4	9.3	8.1	13.7	9.0
Valid Responses	471	343	272	1790	335

26e. Other Hospital and Doctor

RESPONSE CATEGORIES	RESPONSE FREQUENCIES Indians and Alaskan Natives 45+	55+	60+	Cleveland	Rural 45+
No	73.1	75.5	80.2	51.3	78.4
Yes	26.9	24.5	19.8	48.7	21.6
Valid Responses	479	347	273	1790	338

27. How Well Do You Think You Are Doing Financially Compared To Others Your Age

RESPONSE CATEGORIES	RESPONSE FREQUENCIES Indians and Alaskan Natives 45+	55+	60+	Cleveland	Rural 45+
Worse	21.7	20.0	18.8	10.8	21.8
About the Same	66.8	68.4	67.8	64.6	66.5
Better	11.5	11.6	13.4	24.7	11.7
Valid Responses	651	455	351	1439	478

28. How Well Does the Amount of Money You Have Take Care of Your Needs

RESPONSE CATEGORIES	RESPONSE FREQUENCIES Indians and Alaskan Natives 45+	55+	60+	Cleveland	Rural 45+
Poorly	34.9	32.4	29.4	18.4	37.0
Fairly Well	53.0	54.7	56.9	58.2	50.6
Very Well	12.1	12.9	13.6	23.5	12.3
Valid Responses	668	466	360	1687	494

29. Do You Usually Have Enough for Little Extras

RESPONSE CATEGORIES	RESPONSE FREQUENCIES Indians and Alaskan Natives 45+	55+	60+	Cleveland	Rural 45+
No	67.7	67.6	65.9	45.7	72.4
Yes	32.3	32.4	34.1	54.3	27.6
Valid Responses	663	460	355	1679	490

30. Do You Feel That You Have Enough for Your Needs in the Future

RESPONSE CATEGORIES	RESPONSE FREQUENCIES Indians and Alaskan Natives 45+	55+	60+	Cleveland	Rural 45+
No	67.5	67.5	65.4	37.5	73.1
Yes	32.5	32.5	34.6	62.5	26.9
Valid Responses	631	434	338	1250	469

MENTAL HEALTH

31. How Often Do You Worry About Things

RESPONSE CATEGORIES	RESPONSE FREQUENCIES Indians and Alaskan Natives 45+	55+	60+	Cleveland	Rural 45+
Very Often	27.0	27.1	26.3	24.8	27.4
Fairly Often	39.9	37.8	37.7	24.3	40.3
Hardly Ever	33.1	35.2	36.0	58.9	32.3
Valid Responses	659	458	353	1700	486

32. In General, Do You Find Life Exciting, Pretty Routine, or Dull

RESPONSE CATEGORIES	RESPONSE FREQUENCIES Indians and Alaskan Natives 45+	55+	60+	Cleveland	Rural 45+
Dull	12.9	12.8	11.8	13.9	12.2
Pretty Routine	69.1	71.1	72.2	57.6	75.2
Exciting	17.9	16.1	16.0	28.5	15.7
Valid Responses	658	460	356	1655	485

33. How Would You Describe Your Satisfaction With Life at the Present Time

RESPONSE CATEGORIES	RESPONSE FREQUENCIES Indians and Alaskan Natives 45+	55+	60+	Cleveland	Rural 45+
Poor	9.9	10.3	10.3	7.3	11.0
Fair	49.9	52.4	52.4	39.7	52.7
Good	40.2	37.3	37.3	53.0	36.3
Valid Responses	665	464	359	1691	493

34. Do You Awake Fresh and Rested

RESPONSE CATEGORIES	RESPONSE FREQUENCIES Indians and Alaskan Natives 45+	55+	60+	Cleveland	Rural 45+
No	28.9	29.0	30.1	66.8	28.0
Yes	71.1	71.0	69.9	33.2	72.0
Valid Responses	672	469	362	1714	496

35. Is Your Daily Life Full of Things That Interest You

	RESPONSE FREQUENCIES				
	Indians and Alaskan Natives			Cleveland	Rural
RESPONSE CATEGORIES	45+	55+	60+		45+
No	17.7	17.7	18.8	14.6	15.1
Yes	82.3	82.3	81.2	85.4	84.9
Valid Responses	672	469	362	1710	496

36. Have You, at Times, Very Much Wanted to Leave Home

	RESPONSE FREQUENCIES				
	Indians and Alaskan Natives			Cleveland	Rural
RESPONSE CATEGORIES	45+	55+	60+		45+
No	74.9	76.8	79.3	88.1	77.2
Yes	25.1	23.2	20.7	11.9	22.8
Valid Responses	672	469	362	1709	496

37. Does It Seem That No One Understands You

	RESPONSE FREQUENCIES				
	Indians and Alaskan Natives			Cleveland	Rural
RESPONSE CATEGORIES	45+	55+	60+		45+
No	66.7	67.4	68.2	87.8	64.7
Yes	33.3	32.6	31.8	12.2	35.3
Valid Responses	672	469	362	1697	496

38. Have You Had Periods of Days, Weeks, or Months When You Couldn't Take Care of Things Because You Couldn't "Get Going"

	RESPONSE FREQUENCIES				
	Indians and Alaskan Natives			Cleveland	Rural
RESPONSE CATEGORIES	45+	55+	60+		45+
No	53.7	52.9	52.5	68.3	49.6
Yes	46.3	47.1	47.5	31.7	50.4
Valid Responses	672	469	362	1705	496

39. Is Your Sleep Fitful and Disturbed

	RESPONSE FREQUENCIES				
	Indians and Alaskan Natives			Cleveland	Rural
RESPONSE CATEGORIES	45+	55+	60+		45+
No	66.5	65.9	67.1	69.6	64.7
Yes	33.5	34.1	32.9	30.4	34.3
Valid Responses	672	469	362	1834	496

40. Are You Happy Most of the Time

RESPONSE CATEGORIES	RESPONSE FREQUENCIES Indians and Alaskan Natives 45+	55+	60+	Cleveland	Rural 45+
No	12.8	12.2	14.1	10.8	12.9
Yes	87.2	87.8	85.9	89.2	87.1
Valid Responses	671	468	362	1707	495

41. Is Anyone Planning to Do Evil Things to You

RESPONSE CATEGORIES	RESPONSE FREQUENCIES Indians and Alaskan Natives 45+	55+	60+	Cleveland	Rural 45+
No	89.7	89.3	89.5	95.1	86.7
Yes	10.3	10.7	10.5	4.9	13.3
Valid Responses	672	469	362	1708	496

42. Do You Feel Useless at Times

RESPONSE CATEGORIES	RESPONSE FREQUENCIES Indians and Alaskan Natives 45+	55+	60+	Cleveland	Rural 45+
No	54.7	54.5	52.4	66.6	52.9
Yes	45.3	45.5	47.6	33.4	47.1
Valid Responses	671	468	361	1704	495

43. During the Past Few Years, Have You Been Well Most of the Time

RESPONSE CATEGORIES	RESPONSE FREQUENCIES Indians and Alaskan Natives 45+	55+	60+	Cleveland	Rural 45+
No	34.1	37.3	37.0	72.7	36.3
Yes	65.9	62.7	63.0	27.3	63.7
Valid Responses	672	469	362	1712	496

44. Do You Feel Weak All Over Much of the Time

RESPONSE CATEGORIES	RESPONSE FREQUENCIES Indians and Alaskan Natives 45+	55+	60+	Cleveland	Rural 45+
No	63.3	59.9	59.9	75.4	59.3
Yes	36.7	40.1	40.1	24.6	40.7
Valid Responses	671	469	362	1709	496

45. Are You Troubled By Headaches

RESPONSE CATEGORIES	RESPONSE FREQUENCIES Indians and Alaskan Natives 45+	55+	60+	Cleveland	Rural 45+
No	71.5	73.1	73.5	85.2	69.4
Yes	28.5	26.9	26.5	14.8	30.6
Valid Responses	671	469	362	1711	496

46. Have You Had Difficulty Keeping Your Balance in Walking

RESPONSE CATEGORIES	RESPONSE FREQUENCIES Indians and Alaskan Natives 45+	55+	60+	Cleveland	Rural 45+
No	66.2	59.9	58.3	67.3	64.1
Yes	33.8	40.1	41.7	32.7	35.9
Valid Responses	671	469	362	1711	496

47. Are You Troubled By Your Heart Pounding and a Shortness of Breath

RESPONSE CATEGORIES	RESPONSE FREQUENCIES Indians and Alaskan Natives 45+	55+	60+	Cleveland	Rural 45+
No	66.0	60.8	61.9	77.0	63.9
Yes	34.0	39.2	38.1	23.0	36.1
Valid Responses	671	469	362	1709	496

48. Even When You Are With People, Do You Feel Lonely Much of the Time

RESPONSE CATEGORIES	RESPONSE FREQUENCIES Indians and Alaskan Natives 45+	55+	60+	Cleveland	Rural 45+
No	82.7	81.4	80.9	92.6	80.6
Yes	17.3	18.6	18.1	7.4	19.4
Valid Responses	671	469	362	1703	496

The Previous 15 Questions Were Drawn From the MMPI to Test for Mental Health Problems. Shown Below Are the Number of Responses Per Person Indicating Mental Health Problems.

RESPONSE CATEGORIES	RESPONSE FREQUENCIES Indians and Alaskan Natives 45+	55+	60+	Cleveland	Rural 45+
0	14.9	14.1	12.4	22.0	14.7
1	11.3	10.0	9.1	17.0	10.1
2	11.9	13.0	14.6	13.0	11.3
3	11.8	10.7	11.6	12.0	10.7
4	8.5	7.9	8.0	9.0	9.1
5	8.5	8.5	9.1	6.0	8.5
6	6.0	6.4	5.5	5.0	5.8
7	5.8	6.2	6.4	5.0	6.3
8	5.5	6.4	6.4	3.0	5.8
9	5.2	5.5	6.1	3.0	6.0
10	3.9	4.1	4.7	2.0	4.4
11	3.4	3.8	2.8	1.0	3.8
12	1.8	1.5	1.4	1.0	1.8
13	1.0	1.3	1.4	0	1.2
14	.3	.4	.3	0	.2
15	.1	.2	.3	0	.2
Valid Responses	671	469	362	1716	496

49. How Would You Rate Your Mental/Emotional Health at the Present Time

RESPONSE CATEGORIES	RESPONSE FREQUENCIES Indians and Alaskan Natives 45+	55+	60+	Cleveland	Rural 45+
Poor	7.9	9.2	9.4	4.4	9.3
Fair	27.8	30.4	31.9	27.1	30.2
Good	48.8	46.5	46.1	49.6	49.6
Excellent	15.4	13.9	12.5	18.8	14.0
Valid Responses	668	467	360	1689	494

PHYSICAL HEALTH

50. How Many Times Have You Seen a Doctor in the Last Six Months (Other Than as an Inpatient in a Hospital)

RESPONSE CATEGORIES	RESPONSE FREQUENCIES Indians and Alaskan Natives 45+	55+	60+	Cleveland	Rural 45+
0	31.3	28.7	27.2	28.0	31.5
1	17.2	15.4	15.2	18.0	15.5
2	16.0	17.2	16.9	14.0	16.6
3	9.8	9.8	10.7	11.0	10.4
4	4.7	4.8	5.3	6.0	5.2
5	2.9	3.5	3.4	3.0	2.7
6	9.4	9.6	11.0	11.0	9.5
7	.6	.4	.3	1.0	.6
8	1.7	1.5	1.7	2.0	1.0
9	.2	—	—	1.0	.2
10	1.2	1.7	1.4	1.0	1.2
11	.2	.2	—	0	.2
12	2.7	3.7	3.7	3.0	2.3
13	—	—	—	0	—
14	—	—	—	0	—
15	.5	.4	.3	0	.4
18	.2	—	—	0	.2
20	.8	.9	1.1	0	.6
21	—	—	—	0	—
24	.2	.2	.3	0	.2
25	.2	.2	.3	0	.2
30	.8	.9	.8	0	.8
34	.2	.2	—	—	—
35	—	—	—	0	—
40	—	—	—	0	—
48	.2	.2	.3	—	.2
80	.2	.2	—	—	—
99	.2	.2	.3	—	.2
100	.2	—	—	—	.2
Valid Cases	656	460	356	1829	483

51. How Many Days in the Last Six Months Were You So Sick That You Were Unable to Carry on Your Usual Activities

RESPONSE CATEGORIES	RESPONSE FREQUENCIES Indians and Alaskan Natives 45+	55+	60+	Cleveland	Rural 45+
None	53.8	51.5	52.4	71.8	54.2
A Week or Less	24.0	22.8	20.4	10.7	22.8
Less Than a Month	12.9	15.7	16.1	8.2	13.4
One to Three Months	5.8	6.4	7.6	5.9	6.3
Four to Six Months	3.6	3.5	3.4	.9	3.3
Valid Responses	643	452	353	1810	478

52. How Many Days in the Last Six Months Were You in a Hospital for Physical Health Problems

RESPONSE CATEGORIES	RESPONSE FREQUENCIES Indians and Alaskan Natives 45+	55+	60+	Cleveland	Rural 45+
0	81.7	79.6	78.3	87.0	81.2
1	1.8	1.3	1.4	1.0	1.0
2	1.7	1.9	2.2	1.0	1.6
3	.6	.6	.8	1.0	.8
4	1.2	1.5	1.7	0	1.4
5	2.0	2.4	2.2	1.0	1.8
6	.6	.9	.8	0	.8
7	2.4	2.8	2.8	1.0	2.7
8	.3	.4	.3	1.0	.4
9	.2	--	--	0	--
10	.9	1.3	1.4	1.0	.6
11	--	--	--	0	--
12	.5	.6	.6	0	.6
13	.2	.2	.3	0	.2
14	2.1	2.4	.5	2.0	2.5
15	.2	--	--	0	.2
16	.2	.2	.3	--	.2
17	--	--	--	0	--
18	--	--	--	0	--
19	.3	.4	.3	0	.2
20	.2	.2	.3	0	.2
21	.5	.2	.3	1.0	.4
22	--	--	--	0	--
23	--	--	--	0	--
24	--	--	--	0	--
25	--	--	--	0	--
26	--	--	--	0	--
28	--	--	--	7.0	--
29	--	--	--	1.0	--

(continued next page)

52. (continued)

RESPONSE CATEGORIES	RESPONSE FREQUENCIES Indians and Alaskan Natives 45+	55+	60+	Cleveland	Rural 45+
30	.8	1.1	1.4	10.0	.8
31	--	--	--	1.0	--
32	.2	--	--	--	.2
33	--	--	--	1.0	--
34	--	--	--	1.0	--
35	.2	.2	.3	1.0	.2
38	--	--	--	1.0	--
39	--	--	--	1.0	--
40	--	--	--	2.0	--
42	--	--	--	4.0	--
43	--	--	--	1.0	--
44	--	--	--	1.0	--
45	.2	.2	.3	2.0	.2
50	--	--	--	2.0	--
54	--	--	--	1.0	--
60	.5	.6	.8	5.0	.6
63	--	--	--	1.0	--
65	--	--	--	1.0	--
67	--	--	--	1.0	--
69	.2	.2	.3	--	.2
70	.2	.2	.3	--	.2
75	--	--	--	1.0	--
81	--	--	--	1.0	--
90	.5	.2	.3	3.0	.4
98	.2	.2	--	2.0	--
120	.2	--	--	--	2
Valid Responses	661	465	360	1833	489

53. How Many Days in the Last Six Months Were You in a Nursing Home or Rehabilitation Center for Physical Health Problems

RESPONSE CATEGORIES	RESPONSE FREQUENCIES Indians and Alaskan Natives 45+	55+	60+	Cleveland	Rural 45+
0	98.6	98.1	97.8	99.3	98.4
1	--	--	--	.1	--
2	.2	.2	.3	--	.2
3	.2	.2	.3	.1	.2
5	--	--	--	.1	--
6	.2	.2	.3	--	.2
7	--	--	--	.1	--
10	--	--	--	.1	--
14	.2	.2	.3	--	.2
20	--	--	--	.1	--
21	--	--	--	.1	--
25	--	--	--	.1	--
30	.2	.2	.3	--	.2
40	.2	.2	.3	--	.2
50	.2	.2	.3	--	.2
60	--	--	--	.1	--
75	--	--	--	.1	--
86	--	--	--	.1	--
90	--	--	--	.1	--
99	--	--	--	--	.2
180	.2	.2	.3	--	--
Valid Responses	663	466	360	1834	491

54. Do You Feel That You Need Medical Care or Treatment Beyond What You Are Receiving at This Time

RESPONSE CATEGORIES	RESPONSE FREQUENCIES Indians and Alaskan Natives 45+	55+	60+	Cleveland	Rural 45+
No	75.0	74.2	74.6	89.1	70.9
Yes	25.0	25.8	25.4	10.9	29.1
Valid Responses	643	450	347	1819	474

WHAT MEDICATION HAVE YOU TAKEN IN THE PAST MONTH:

55a. Arthritis Medication

	RESPONSE FREQUENCIES				
	Indians and Alaskan Natives			Cleveland	Rural
RESPONSE CATEGORIES	45+	55+	60+		45+
No	71.9	67.6	65.2	78.7	70.9
Yes	28.1	32.4	34.8	21.3	29.1
Valid Responses	669	469	362	1829	495

55b. Prescription Painkiller

	RESPONSE FREQUENCIES				
	Indians and Alaskan Natives			Cleveland	Rural
RESPONSE CATEGORIES	45+	55+	60+		45+
No	80.4	77.2	76.5	85.0	79.2
Yes	19.6	22.8	23.5	15.0	20.8
Valid Responses	669	469	362	1830	495

55c. High Blood Pressure Medicine

	RESPONSE FREQUENCIES				
	Indians and Alaskan Natives			Cleveland	Rural
RESPONSE CATEGORIES	45+	55+	60+		45+
No	74.4	69.7	68.8	70.6	72.7
Yes	25.6	30.3	31.2	29.4	27.3
Valid Responses	669	469	362	1828	495

55d. Water or Salt Pills

	RESPONSE FREQUENCIES				
	Indians and Alaskan Natives			Cleveland	Rural
RESPONSE CATEGORIES	45+	55+	60+		45+
No	85.8	82.9	82.3	79.6	85.5
Yes	14.2	17.1	17.7	20.4	14.5
Valid Responses	669	469	362	1829	495

55e. Digitalis Pills for Heart

	RESPONSE FREQUENCIES				
	Indians and Alaskan Natives			Cleveland	Rural
RESPONSE CATEGORIES	45+	55+	60+		45+
No	91.0	89.1	88.3	85.4	89.4
Yes	9.0	10.9	11.7	14.6	10.6
Valid Responses	666	467	360	1830	492

55f. Nitro Pills for Chest

RESPONSE CATEGORIES	RESPONSE FREQUENCIES Indians and Alaskan Natives 45+	55+	60+	Cleveland	Rural 45+
No	92.5	91.7	91.1	93.8	92.1
Yes	7.5	8.3	8.9	6.2	7.9
Valid Responses	668	468	361	1828	494

55g. Blood Thinner Medicine

RESPONSE CATEGORIES	RESPONSE FREQUENCIES Indians and Alaskan Natives 45+	55+	60+	Cleveland	Rural 45+
No	94.6	92.9	92.2	97.3	93.7
Yes	5.4	7.1	7.8	2.7	6.3
Valid Responses	667	468	361	1829	493

55h. Drugs for Circulation

RESPONSE CATEGORIES	RESPONSE FREQUENCIES Indians and Alaskan Natives 45+	55+	60+	Cleveland	Rural 45+
No	92.1	89.7	88.3	92.0	91.1
Yes	7.9	10.3	11.7	8.0	8.9
Valid Responses	667	467	360	1827	493

55i. Insulin

RESPONSE CATEGORIES	RESPONSE FREQUENCIES Indians and Alaskan Natives 45+	55+	60+	Cleveland	Rural 45+
No	93.0	91.9	92.0	97.9	92.7
Yes	7.0	8.1	8.0	2.1	7.3
Valid Responses	667	468	362	1829	494

55j. Pills for Diabetes

RESPONSE CATEGORIES	RESPONSE FREQUENCIES Indians and Alaskan Natives 45+	55+	60+	Cleveland	Rural 45+
No	91.2	89.3	87.8	94.9	90.5
Yes	8.8	10.7	12.2	5.1	9.5
Valid Responses	669	469	362	1834	495

55k. Ulcer Medicine

RESPONSE CATEGORIES	RESPONSE FREQUENCIES Indians and Alaskan Natives 45+	55+	60+	Cleveland	Rural 45+
No	96.3	96.4	96.1	97.4	96.2
Yes	3.7	3.6	3.9	2.6	3.8
Valid Responses	668	469	362	830	494

55l. Seizure Medicine

RESPONSE CATEGORIES	RESPONSE FREQUENCIES Indians and Alaskan Natives 45+	55+	60+	Cleveland	Rural 45+
No	99.0	99.0	98.9	99.0	99.2
Yes	1.0	1.0	1.1	1.0	.8
Valid Responses	667	468	361	1829	493

55m. Thyroid Pills

RESPONSE CATEGORIES	RESPONSE FREQUENCIES Indians and Alaskan Natives 45+	55+	60+	Cleveland	Rural 45+
No	97.0	97.4	98.1	97.9	97.2
Yes	3.0	2.6	1.9	2.1	2.8
Valid Responses	668	469	362	1828	494

55n. Cortisone

RESPONSE CATEGORIES	RESPONSE FREQUENCIES Indians and Alaskan Natives 45+	55+	60+	Cleveland	Rural 45+
No	98.4	98.3	98.3	98.4	98.2
Yes	1.6	1.7	1.7	1.6	1.8
Valid Responses	668	469	362	1828	494

55o. Antibiotics

RESPONSE CATEGORIES	RESPONSE FREQUENCIES Indians and Alaskan Natives 45+	55+	60+	Cleveland	Rural 45+
No	85.5	85.9	84.8	96.8	83.8
Yes	14.5	14.1	15.2	3.2	16.2
Valid Responses	669	469	362	1827	495

55p. Tranquilizers

RESPONSE CATEGORIES	RESPONSE FREQUENCIES Indians and Alaskan Natives 45+	55+	60+	Cleveland	Rural 45+
No	93.3	92.8	93.6	82.9	94.1
Yes	6.7	7.2	6.4	17.1	5.9
Valid Responses	669	469	362	1827	495

55q. Sleeping Pills

RESPONSE CATEGORIES	RESPONSE FREQUENCIES Indians and Alaskan Natives 45+	55+	60+	Cleveland	Rural 45+
No	95.7	95.1	95.3	93.7	95.2
Yes	4.3	4.9	4.7	6.3	4.8
Valid Responses	669	469	362	1828	495

55r. Hormones

RESPONSE CATEGORIES	RESPONSE FREQUENCIES Indians and Alaskan Natives 45+	55+	60+	Cleveland	Rural 45+
No	97.8	98.7	98.9	99.0	98.2
Yes	2.2	1.3	1.1	1.0	1.8
Valid Responses	669	469	362	1828	495

55s. Number of Other Drugs Taken

RESPONSE CATEGORIES	RESPONSE FREQUENCIES Indians and Alaskan Natives 45+	55+	60+	Cleveland	Rural 45+
0	90.3	89.5	88.5	--	90.4
1	6.8	7.9	8.5	77.8	6.3
2	1.4	1.1	1.1	13.8	1.7
3	1.1	1.3	1.7	5.1	1.2
4	.5	.2	.3	2.5	.4
5	--	--	--	.3	--
7	--	--	--	.6	--
Valid Responses	651	457	355	356	480

DO YOU HAVE ANY OF THE FOLLOWING ILLNESSES AT THE PRESENT TIME:

56a. Arthritis or Rheumatism

RESPONSE CATEGORIES	RESPONSE FREQUENCIES Indians and Alaskan Natives 45+	55+	60+	Cleveland	Rural 45+
No	53.8	46.7	44.4	45.5	52.8
Not At All	3.8	3.9	4.4	12.7	3.8
A Little	26.4	30.1	31.9	26.0	26.7
A Great Deal	15.7	18.9	18.9	15.9	16.2
Yes (Unspecified)	.5	.4	.3	— —	.4
Valid Responses	664	465	360	1826	494

56b. Glaucoma

RESPONSE CATEGORIES	RESPONSE FREQUENCIES Indians and Alaskan Natives 45+	55+	60+	Cleveland	Rural 45+
No	92.8	92.0	90.8	95.0	92.1
Not At All	.9	1.1	1.4	1.4	.8
A Little	3.2	3.4	4.2	1.6	3.9
A Great Deal	2.3	2.8	2.8	2.0	2.4
Yes (Unspecified)	.9	.6	.8	— —	.8
Valid Responses	664	465	359	1824	492

56c. Asthma

RESPONSE CATEGORIES	RESPONSE FREQUENCIES Indians and Alaskan Natives 45+	55+	60+	Cleveland	Rural 45+
No	95.0	94.8	94.7	95.5	94.9
Not At All	.8	1.1	1.4	1.4	.6
A Little	2.4	2.6	2.5	2.0	2.8
A Great Deal	1.1	.9	.8	1.2	.8
Yes (Unspecified)	.8	.6	.6	— —	.8
Valid Responses	663	465	359	1824	493

56d. Emphysema or Chronic Bronchitis

RESPONSE CATEGORIES	RESPONSE FREQUENCIES Indians and Alaskan Natives 45+	55+	60+	Cleveland	Rural 45+
No	93.8	92.9	92.8	94.5	94.1
Not At All	.9	1.3	1.4	1.3	.6
A Little	2.7	3.0	3.1	2.5	2.6
A Great Deal	1.7	1.9	1.9	1.8	1.6
Yes (Unspecified)	.9	.9	.8	— —	1.0
Valid Responses	664	465	359	1826	493

56e. Tuberculosis

RESPONSE CATEGORIES	RESPONSE FREQUENCIES Indians and Alaskan Natives 45+	55+	60+	Cleveland	Rural 45+
No	93.1	92.9	93.0	99.2	91.1
Not At All	2.0	1.9	2.0	.5	2.4
A Little	1.7	2.4	2.8	.2	2.0
A Great Deal	——	——	——	.1	——
Yes (Unspecified)	3.3	2.8	2.2	——	4.5
Valid Responses	664	464	358	1826	493

56f. High Blood Pressure

RESPONSE CATEGORIES	RESPONSE FREQUENCIES Indians and Alaskan Natives 45+	55+	60+	Cleveland	Rural 45+
No	72.3	67.2	66.9	66.8	70.4
Not At All	7.4	9.7	9.7	16.7	6.7
A Little	11.7	13.7	14.7	11.6	12.1
A Great Deal	3.8	4.7	3.9	4.9	4.7
Yes (Unspecified)	4.8	4.7	4.7	——	6.1
Valid Responses	665	466	360	1823	494

56g. Heart Trouble

RESPONSE CATEGORIES	RESPONSE FREQUENCIES Indians and Alaskan Natives 45+	55+	60+	Cleveland	Rural 45+
No	81.5	77.4	76.0	76.7	79.4
Not At All	2.4	3.2	3.9	7.7	2.4
A Little	8.3	9.9	11.7	9.5	9.7
A Great Deal	4.2	5.6	5.0	6.1	4.0
Yes (Unspecified)	3.6	3.9	3.3	——	4.5
Valid Responses	664	465	359	1824	494

56h. Circulation Trouble in Arms or Legs

RESPONSE CATEGORIES	RESPONSE FREQUENCIES Indians and Alaskan Natives 45+	55+	60+	Cleveland	Rural 45+
No	76.5	72.6	70.7	71.5	75.7
Not At All	1.8	2.2	2.0	6.6	1.6
A Little	11.0	13.2	14.8	13.6	11.0
A Great Deal	6.2	7.3	7.5	8.3	5.9
Yes (Unspecified)	4.5	4.8	5.0	——	5.9
Valid Responses	663	463	358	1825	493

56i. Diabetes

RESPONSE CATEGORIES	RESPONSE FREQUENCIES Indians and Alaskan Natives 45+	55+	60+	Cleveland	Rural 45+
No	83.7	80.3	78.4	91.2	83.0
Not At All	3.8	5.0	5.6	4.7	2.8
A Little	7.2	9.1	10.1	2.8	8.5
A Great Deal	2.7	3.0	3.1	1.4	2.8
Yes (Unspecified)	2.6	2.6	2.8	— —	2.8
Valid Responses	663	463	357	1826	494

56j. Ulcers (of the digestive system)

RESPONSE CATEGORIES	RESPONSE FREQUENCIES Indians and Alaskan Natives 45+	55+	60+	Cleveland	Rural 45+
No	94.6	95.1	95.5	95.7	94.5
Not At All	1.1	1.3	1.4	1.5	.4
A Little	2.6	2.2	1.4	1.9	2.8
A Great Deal	.8	.9	1.1	.8	1.0
Yes (Unspecified)	1.1	.6	.6	— —	1.2
Valid Responses	665	465	359	1834	494

56k. Other Stomach, Intestinal or Gall Bladder Problems

RESPONSE CATEGORIES	RESPONSE FREQUENCIES Indians and Alaskan Natives 45+	55+	60+	Cleveland	Rural 45+
No	90.8	90.1	89.1	93.7	89.9
Not At All	.6	.9	1.1	1.6	.8
A Little	4.5	4.7	5.3	3.2	4.9
A Great Deal	1.4	1.5	1.4	1.5	1.2
Yes (Unspecified)	2.7	2.8	3.1	— —	3.2
Valid Responses	664	464	358	1824	494

56l. Liver Disease

RESPONSE CATEGORIES	RESPONSE FREQUENCIES Indians and Alaskan Natives 45+	55+	60+	Cleveland	Rural 45+
No	97.9	97.6	98.0	99.3	97.8
Not At All	.6	.6	.6	.3	.6
A Little	.6	.9	.6	.3	.4
A Great Deal	.2	.2	.3	.1	.2
Yes (Unspecified)	.8	.6	.6	— —	1.0
Valid Responses	664	464	358	1826	493

56m. Kidney Disease

RESPONSE CATEGORIES	RESPONSE FREQUENCIES Indians and Alaskan Natives 45+	55+	60+	Cleveland	Rural 45+
No	90.4	89.7	89.7	97.6	88.5
Not At All	.8	.9	.8	.5	1.0
A Little	3.3	4.3	3.6	1.2	3,8
A Great Deal	1.7	1.7	2.2	.7	2.0
Yes (Unspecified)	3.9	3.4	3.6	——	4.7
Valid Responses	664	465	359	1826	494

56n. Other Urinary Tract Disorders (including prostate)

RESPONSE CATEGORIES	RESPONSE FREQUENCIES Indians and Alaskan Natives 45+	55+	60+	Cleveland	Rural 45+
NO	95.2	94.2	93.9	95.3	94.7
Not At All	.3	.4	.6	1.8	.2
A Little	2.1	2.2	2.5	1.7	2.6
A Great Deal	.8	1.1	.8	1.3	.6
Yes (Unspecified)	1.7	2.2	2.2	——	1.8
Valid Responses	665	465	359	1826	494

56o. Cancer or Leukemia

RESPONSE CATEGORIES	RESPONSE FREQUENCIES Indians and Alaskan Natives 45+	55+	60+	Cleveland	Rural 45+
No	98.0	97.8	98.0	98.4	97.4
Not At All	.9	1.1	.8	.6	1.2
A Little	.8	.9	.8	.4	1.0
A Great Deal	.3	.2	.3	.5	.4
Yes (Unspecified)	——	——	——	——	——
Valid Responses	664	464	358	1826	493

56p. Anemia

RESPONSE CATEGORIES	RESPONSE FREQUENCIES Indians and Alaskan Natives 45+	55+	60+	Cleveland	Rural 45+
No	96.8	97.4	96.9	97.5	96.6
Not At All	.8	.9	1.1	1.0	.8
A Little	1.5	1.3	1.7	.9	1.6
A Great Deal	.5	.2	——	.5	.4
Yes (Unspecified)	.5	.2	.3	——	.6
Valid Responses	663	464	358	1824	493

56q. Effects of Stroke

RESPONSE CATEGORIES	RESPONSE FREQUENCIES Indians and Alaskan Natives 45+	55+	60+	Cleveland	Rural 45+
No	94.6	93.1	91.9	94.5	93.9
Not At All	1.4	1.9	1.9	.9	1.2
A Little	1.7	2.2	2.8	1.7	2.0
A Great Deal	1.1	1.5	1.7	2.9	1.0
Yes (Unspecified)	1.4	1.3	1.7	— —	1.8
Valid Responses	665	465	359	1826	494

56r. Parkinson's Disease

RESPONSE CATEGORIES	RESPONSE FREQUENCIES Indians and Alaskan Natives 45+	55+	60+	Cleveland	Rural 45+
No	98.8	98.5	98.0	99.6	98.4
Not At All	.5	.4	.6	.1	.6
A Little	.5	.6	.8	.1	.6
A Great Deal	.2	.2	.3	.3	.2
Yes (Unspecified)	.2	.2	.3	— —	.2
Valid Responses	664	464	358	1826	494

56s. Epilepsy

RESPONSE CATEGORIES	RESPONSE FREQUENCIES Indians and Alaskan Natives 45+	55+	60+	Cleveland	Rural 45+
No	99.2	99.8	99.7	99.5	99.2
Not At All	.5	.2	.3	.3	.4
A Little	— —	— —	— —	.2	— —
A Great Deal	.2	— —	— —	.1	.2
Yes (Unspecified)	.2	— —	— —	— —	.2
Valid Responses	664	464	358	1826	494

56t. Cerebral Palsy

RESPONSE CATEGORIES	RESPONSE FREQUENCIES Indians and Alaskan Natives 45+	55+	60+	Cleveland	Rural 45+
No	99.5	99.6	99.4	99.9	99.4
Not At All	.2	.2	.3	— —	.2
A Little	— —	— —	— —	.1	— —
A Great Deal	.2	.2	.3	— —	.2
Yes (Unspecified)	.2	— —	— —	— —	.2
Valid Responses	664	464	358	1826	494

56u. Multiple Sclerosis

RESPONSE CATEGORIES	RESPONSE FREQUENCIES Indians and Alaskan Natives 45+	55+	60+	Cleveland	Rural 45+
No	99.8	99.8	99.7	99.8	99.8
Not At All	.2	.2	.3	—	.2
A Little	—	—	—	.1	—
A Great Deal	—	—	—	.1	—
Yes (Unspecified)	—	—	—	—	—
Valid Responses	664	464	358	1826	494

56v. Muscular Dystrophy

RESPONSE CATEGORIES	RESPONSE FREQUENCIES Indians and Alaskan Natives 45+	55+	60+	Cleveland	Rural 45+
No	96.8	97.0	97.5	99.9	95.7
Not At All	.2	.2	.3	—	.2
A Little	.8	.9	.6	.1	1.0
A Great Deal	.5	.6	.3	—	.6
Yes (Unspecified)	1.8	1.3	1.4	—	2.4
Valid Responses	664	464	358	1826	494

56w. Effects of Polio

RESPONSE CATEGORIES	RESPONSE FREQUENCIES Indians and Alaskan Natives 45+	55+	60+	Cleveland	Rural 45+
No	99.7	99.6	99.4	99.6	99.8
Not At All	.3	.4	.6	.1	.2
A Little	—	—	—	.3	—
A Great Deal	—	—	—	.1	—
Yes (Unspecified)	—	—	—	—	—
Valid Responses	664	464	358	1826	494

56x. Thyroid or Other Glandular Disorders

RESPONSE CATEGORIES	RESPONSE FREQUENCIES Indians and Alaskan Natives 45+	55+	60+	Cleveland	Rural 45+
No	95.5	95.0	95.3	98.0	95.1
Not At All	2.0	2.2	1.7	1.2	1.8
A Little	1.2	1.5	1.4	.5	1.3
A Great Deal	.6	.6	.8	.3	.8
Yes (Unspecified)	.8	.6	.8	—	1.0
Valid Responses	662	464	358	1826	494

56y. Skin Disorders (such as pressure sores, leg ulcers, or severe burns)

RESPONSE CATEGORIES	RESPONSE FREQUENCIES Indians and Alaskan Natives 45+	55+	60+	Cleveland	Rural 45+
No	96.5	96.1	96.6	96.5	96.2
Not At All	.6	.6	.8	1.4	.4
A Little	1.2	1.5	1.1	1.3	1.6
A Great Deal	.9	.6	.3	.8	.8
Yes (Unspecified)	.8	1.1	.1	— —	1.0
Valid Responses	664	464	358	1826	494

56z. Speech Impediment or Impairment

RESPONSE CATEGORIES	RESPONSE FREQUENCIES Indians and Alaskan Natives 45+	55+	60+	Cleveland	Rural 45+
No	98.5	98.2	97.7	98.2	98.4
Not At All	.2	.2	.3	.4	.2
A Little	.9	.9	1.1	.8	.8
A Great Deal	.3	.4	.6	.6	.4
Yes (Unspecified)	.2	.2	.3	— —	.2
Valid Responses	653	455	353	1824	486

56aa. Trachoma*

RESPONSE CATEGORIES	RESPONSE FREQUENCIES Indians and Alaskan Natives 45+	55+	60+	Cleveland	Rural 45+
No	95.4	95.0	94.6	N/A	94.8
Not At All	.6	.7	.6		.6
A Little	1.5	2.0	2.5		1.9
A Great Deal	1.2	1.5	1.1		1.2
Yes (Unspecified)	1.2	.9	1.1		1.4
Valid Responses	654	456	354		484

56bb. Otitis Media*

RESPONSE CATEGORIES	RESPONSE FREQUENCIES Indians and Alaskan Natives 45+	55+	60+	Cleveland	Rural 45+
No	91.9	90.4	89.0	N/A	90.9
Not At All	.6	.9	.8		.4
A Little	3.5	4.6	5.4		4.5
A Great Deal	1.5	2.0	2.5		1.9
Yes (Unspecified)	2.4	2.2	2.3		2.3
Valid Responses	654	456	354		484

*Question inserted by NICOA into OARS question sequence.

56cc. Congenital Hip*

RESPONSE CATEGORIES	RESPONSE FREQUENCIES Indians and Alaskan Natives 45+	55+	60+	Cleveland	Rural 45+
No	96.2	95.2	94.4	N/A	94.8
Not At All	.2	.2	.3		.2
A Little	1.2	1.8	2.0		1.7
A Great Deal	1.2	1.5	2.0		1.7
Yes (unspecified)	1.2	1.3	1.4		1.7
Valid Responses	654	456	354		484

57. Do You Have Any Physical Disabilities Such As:

RESPONSE CATEGORIES	RESPONSE FREQUENCIES Indians and Alaskan Natives 45+	55+	60+	Cleveland	Rural 45+
No	90.0	89.5	90.3	92.9	89.4
Total Paralysis	.6	.7	.9	.2	.8
Partial Paralysis	4.1	4.6	3.1	3.1	4.0
Missing/Non-Functional Limbs	1.2	.9	1.1	2.1	1.2
Broken Bones	4.0	4.4	4.6	1.6	4.6
Valid Responses	652	456	351	1828	481

58. How Is Your Eyesight (With Glasses/Contacts)

RESPONSE CATEGORIES	RESPONSE FREQUENCIES Indians and Alaskan Natives 45+	55+	60+	Cleveland	Rural 45+
Excellent	7.6	4.9	5.0	9.0	7.5
Good	37.3	35.5	32.1	50.7	35.1
Fair	31.9	34.0	34.6	26.0	32.9
Poor	21.7	24.1	26.3	13.5	22.9
Totally blind	1.0	1.3	1.7	.9	1.2
Valid Responses	667	468	361	1832	493

59. How Is Your Hearing

RESPONSE CATEGORIES	RESPONSE FREQUENCIES Indians and Alaskan Natives 45+	55+	60+	Cleveland	Rural 45+
Excellent	11.8	9.0	7.5	12.3	11.2
Good	43.6	41.2	37.1	50.4	42.0
Fair	27.9	29.7	31.9	25.6	28.8
Poor	15.3	18.4	21.3	11.0	16.2
Totally Deaf	1.2	1.7	2.2	.7	1.6
Valid Responses	667	468	361	1831	493

*Question inserted by NICOA into OARS question sequence.

60. Do You Have Any Other Physical Problems or Illnesses at the Present Time That Seriously Affect Your Health

RESPONSE CATEGORIES	RESPONSE FREQUENCIES Indians and Alaskan Natives 45+	55+	60+	Cleveland	Rural 45+
No	83.6	84.0	85.5	86.9	84.0
Yes	16.4	16.0	14.5	13.1	16.0
Valid Responses	652	456	352	1827	482

DO YOU USE ANY OF THE FOLLOWING AIDS ALL OR MOST OF THE TIME:

61a. Cane (including tripod-tip cane)

RESPONSE CATEGORIES	RESPONSE FREQUENCIES Indians and Alaskan Natives 45+	55+	60+	Cleveland	Rural 45+
No	91.6	88.8	86.1	85.8	91.9
Yes	8.4	11.2	13.9	14.2	8.1
Valid Responses	665	465	359	1834	492

61b. Walker

RESPONSE CATEGORIES	RESPONSE FREQUENCIES Indians and Alaskan Natives 45+	55+	60+	Cleveland	Rural 45+
No	97.3	96.6	95.8	95.5	97.0
Yes	2.7	3.4	4.2	4.5	3.0
Valid Responses	665	465	359	1834	492

61c. Wheelchair

RESPONSE CATEGORIES	RESPONSE FREQUENCIES Indians and Alaskan Natives 45+	55+	60+	Cleveland	Rural 45+
No	97.3	96.6	95.8	98.0	96.7
Yes	2.7	3.4	4.2	2.0	3.3
Valid Responses	665	465	359	1834	492

61d. Leg Brace

RESPONSE CATEGORIES	RESPONSE FREQUENCIES Indians and Alaskan Natives 45+	55+	60+	Cleveland	Rural 45+
No	98.9	99.1	98.9	99.6	99.0
Yes	1.1	.9	1.1	.4	1.0
Valid Responses	665	465	359	1834	492

61e. Back Brace

RESPONSE CATEGORIES	RESPONSE FREQUENCIES Indians and Alaskan Natives 45+	55+	60+	Cleveland	Rural 45+
No	98.9	98.9	99.4	99.1	99.4
Yes	1.1	1.1	.6	.9	.6
Valid Responses	663	465	359	1834	490

61f. Artificial Limb

RESPONSE CATEGORIES	RESPONSE FREQUENCIES Indians and Alaskan Natives 45+	55+	60+	Cleveland	Rural 45+
No	99.4	99.6	99.4	99.6	99.4
Yes	.6	.4	.6	.4	.6
Valid Responses	664	465	359	1834	491

61g. Hearing Aid

RESPONSE CATEGORIES	RESPONSE FREQUENCIES Indians and Alaskan Natives 45+	55+	60+	Cleveland	Rural 45+
No	94.6	92.9	91.1	95.5	94.5
Yes	5.4	7.1	8.9	4.5	5.5
Valid Responses	664	465	359	1834	491

61h. Colostomy Equipment

RESPONSE CATEGORIES	RESPONSE FREQUENCIES Indians and Alaskan Natives 45+	55+	60+	Cleveland	Rural 45+
No	99.4	99.6	100	99.6	99.4
Yes	.6	.4	— —	.4	.6
Valid Responses	664	465	359	1834	491

61i. Catheter

RESPONSE CATEGORIES	RESPONSE FREQUENCIES Indians and Alaskan Natives 45+	55+	60+	Cleveland	Rural 45+
No	99.7	99.6	99.7	99.8	99.6
Yes	.3	.4	.3	.2	.4
Valid Responses	664	465	359	1834	491

61j. Kidney Dialysis Machine

RESPONSE CATEGORIES	RESPONSE FREQUENCIES Indians and Alaskan Natives 45+	55+	60+	Cleveland	Rural 45+
No	99.8	99.8	100	100	100
Yes	.2	.2	——	——	——
Valid Responses	663	464	359	1834	490

61k. Other

RESPONSE CATEGORIES	RESPONSE FREQUENCIES Indians and Alaskan Natives 45+	55+	60+	Cleveland	Rural 45+
No	98.5	97.8	97.7	93.7	98.1
Yes (Unspecified)	.6	.9	.6	5.7	.6
Glasses	.9	1.3	1.7	.6	1.2
Valid Responses	654	455	353	1806	486

62a. Do You Need Any Aids (Supportive or Prosthetic Devices) That You Currently Do Not Have

RESPONSE CATEGORIES	RESPONSE FREQUENCIES Indians and Alaskan Natives 45+	55+	60+	Cleveland	Rural 45+
No	90.7	88.7	87.4	93.4	89.5
Yes	9.3	11.3	12.6	6.6	10.5
Valid Responses	657	460	356	1827	485

62b. If So, What Aids Do You Need

RESPONSE CATEGORIES	RESPONSE FREQUENCIES Indians and Alaskan Natives 45+	55+	60+	Cleveland	Rural 45+
None	28.6	24.2	24.1	N/A	27.4
Cane	5.2	4.8	5.6		6.5
Walker	3.9	4.8	3.7		3.2
Wheelchair	1.3	1.6	1.9		——
Leg Brace	1.3	1.6	1.9		1.6
Artificial Limb	2.6	——	——		3.2
Hearing Aid	26.0	27.4	25.9		24.2
Kidney Dialysis	1.3	1.6	1.9		1.6
Glasses	11.7	12.9	13.0		12.9
Dentures	1.3	1.6	1.9		1.6
Miscellaneous	1.3	1.6	——		1.6
Support Hose	3.9	4.8	5.6		4.8

(continued on next page)

62b. (continued)

RESPONSE CATEGORIES	RESPONSE FREQUENCIES Indians and Alaskan Natives 45+	55+	60+	Cleveland	Rural 45+
Wheelchair	1.3	1.6	1.9		1.6
Braille Books	1.3	1.6	1.9		— —
Valid Responses	77	62	54		62

63. Do You Have a Problem With Your Health Because of Drinking or Has Your Physician or Any Other Health or Social Service Professional Advised You to Cut Down on Drinking?

RESPONSE CATEGORIES	RESPONSE FREQUENCIES Indians and Alaskan Natives 45+	55+	60+	Cleveland	Rural 45+
No	93.7	94.0	94.1	98.4	94.8
Yes	6.3	6.0	5.9	1.6	5.2
Valid Responses	621	434	337	1832	465

64. Do You Regularly Participate in Any Vigorous Sports Activity

RESPONSE CATEGORIES	RESPONSE FREQUENCIES Indians and Alaskan Natives 45+	55+	60+	Cleveland	Rural 45+
No	86.0	89.2	87.9	91.9	84.5
Yes	14.0	10.8	12.1	8.1	15.5
Valid Responses	657	461	356	1833	484

65. How Would You Rate Your Overall Health at the Present Time

RESPONSE CATEGORIES	RESPONSE FREQUENCIES Indians and Alaskan Natives 45+	55+	60+	Cleveland	Rural 45+
Poor	12.1	14.1	14.1	7.3	13.9
Fair	39.6	42.3	43.4	36.0	41.6
Good	41.3	38.2	37.6	45.8	38.8
Excellent	7.0	5.3	5.0	11.0	5.7
Valid Responses	669	468	362	1787	495

66. How Is Your Health Now Compared to Five Years Ago

RESPONSE CATEGORIES	RESPONSE FREQUENCIES Indians and Alaskan Natives 45+	55+	60+	Cleveland	Rural 45+
Worse	26.2	29.3	28.8	34.2	28.5
About the Same	58.0	56.5	56.8	53.3	56.9
Better	15.7	14.1	14.4	12.4	14.6
Valid Responses	667	467	361	1711	494

67. How Much Does Your Health Interfere in Doing Things You Want to Do

RESPONSE CATEGORIES	RESPONSE FREQUENCIES Indians and Alaskan Natives 45+	55+	60+	Cleveland	Rural 45+
A Great Deal	19.9	23.2	23.0	21.8	20.4
A Little	42.6	46.1	48.2	30.9	44.2
Not At All	37.5	30.7	28.8	47.3	35.4
Valid Responses	664	466	361	1704	491

ACTIVITIES OF DAILY LIVING

68. Can You Use the Telephone

RESPONSE CATEGORIES	RESPONSE FREQUENCIES Indians and Alaskan Natives 45+	55+	60+	Cleveland	Rural 45+
Unable	10.6	11.6	14.0	2.2	13.9
With Some Help	11.7	12.9	13.2	6.6	13.9
Without Help	77.7	75.6	72.8	91.2	72.1
Valid Responses	640	450	349	1832	466

69. Can You Get to Places Out of Walking Distance

RESPONSE CATEGORIES	RESPONSE FREQUENCIES Indians and Alaskan Natives 45+	55+	60+	Cleveland	Rural 45+
Unable (without specialized vehicle)	2.7	3.9	4.5	2.6	3.3
With Some Help	20.7	23.7	26.3	22.8	25.1
Without Help	76.6	72.4	69.2	74.6	71.6
Valid Responses	663	464	357	1832	490

70. Can You Go Shopping for Groceries or Clothes (assuming you have transportation)

RESPONSE CATEGORIES	RESPONSE FREQUENCIES Indians and Alaskan Natives 45+	55+	60+	Cleveland	Rural 45+
Unable	4.4	6.3	7.8	8.7	4.9
With Some Help	17.5	19.9	21.8	16.5	21.5
Without Help	78.1	73.9	70.3	74.7	73.6
Valid Responses	661	463	357	1831	488

71. Can You Prepare Your Own Meals

RESPONSE CATEGORIES	RESPONSE FREQUENCIES Indians and Alaskan Natives 45+	55+	60+	Cleveland	Rural 45+
Unable	4.1	5.6	7.0	6.5	4.7
With Some Help	10.3	11.2	12.0	8.1	13.3
Without Help	85.6	83.2	81.0	85.4	82.0
Valid Responses	662	463	357	1830	489

72. Can You Do Your Housework

RESPONSE CATEGORIES	RESPONSE FREQUENCIES Indians and Alaskan Natives 45+	55+	60+	Cleveland	Rural 45+
Unable	6.4	8.6	10.6	8.9	7.4
With Some Help	19.2	21.8	24.2	23.4	21.8
Without Help	74.4	69.6	65.2	67.8	70.8
Valid Responses	660	464	359	1830	487

73. Can You Take Your Own Medicine

RESPONSE CATEGORIES	RESPONSE FREQUENCIES Indians and Alaskan Natives 45+	55+	60+	Cleveland	Rural 45+
Unable	2.5	3.5	4.5	2.3	2.7
With Some Help	6.8	8.0	8.8	4.5	8.5
Without Help	90.8	88.5	86.7	93.2	88.8
Valid Responses	651	460	354	1820	483

74. Can You Handle Your Own Money

RESPONSE CATEGORIES	RESPONSE FREQUENCIES Indians and Alaskan Natives 45+	55+	60+	Cleveland	Rural 45+
Unable	2.7	3.4	4.2	4.6	3.5
With Some Help	10.4	11.4	11.7	7.8	12.8
Without Help	86.9	85.2	84.1	87.6	83.7
Valid Responses	664	465	359	1833	491

75. Can You Eat

RESPONSE CATEGORIES	RESPONSE FREQUENCIES Indians and Alaskan Natives 45+	55+	60+	Cleveland	Rural 45+
Unable	.6	.9	1.1	.3	.8
With Some Help	2.7	3.4	3.9	1.6	3.0
Without Help	96.7	95.7	95.0	98.1	96.1
Valid Responses	666	467	360	1834	492

76. Can You Dress and Undress Yourself

RESPONSE CATEGORIES	RESPONSE FREQUENCIES Indians and Alaskan Natives 45+	55+	60+	Cleveland	Rural 45+
Unable	1.4	1.9	2.2	1.4	1.6
With Some Help	3.5	3.9	4.2	2.4	4.1
Without Help	95.2	94.2	93.6	96.2	94.3
Valid Responses	666	467	360	1834	492

77. Can You Take Care of Your Appearance (e.g. comb your hair)

RESPONSE CATEGORIES	RESPONSE FREQUENCIES Indians and Alaskan Natives 45+	55+	60+	Cleveland	Rural 45+
Unable	1.4	1.9	2.5	1.6	1.8
With Some Help	3.0	3.9	4.2	2.3	3.3
Without Help	95.6	94.2	93.3	96.1	94.9
Valid Responses	666	467	360	1834	492

78. Can You Walk

RESPONSE CATEGORIES	RESPONSE FREQUENCIES Indians and Alaskan Natives 45+	55+	60+	Cleveland	Rural 45+
Unable	1.5	1.7	2.2	1.2	1.6
With Some Help	6.6	8.4	9.2	6.3	7.3
Without Help (except from a cane)	91.9	89.9	88.6	92.5	91.1
Valid Responses	664	466	360	1833	492

79. Can You Get In and Out of Bed

RESPONSE CATEGORIES	RESPONSE FREQUENCIES Indians and Alaskan Natives 45+	55+	60+	Cleveland	Rural 45+
Unable	.9	1.1	1.4	.8	1.2
With Some Help	3.6	4.5	5.0	3.6	4.5
Without Help	95.5	94.4	93.6	95.6	94.3
Valid Responses	666	467	360	1834	492

80. Can You Take a Bath or Shower

RESPONSE CATEGORIES	RESPONSE FREQUENCIES Indians and Alaskan Natives 45+	55+	60+	Cleveland	Rural 45+
Unable	1.5	2.1	2.5	3.1	1.6
With Some Help	5.9	7.5	8.9	8.2	7.1
Without Help	92.6	90.3	88.6	88.7	91.2
Valid Responses	665	466	360	1834	491

81a. Do You Ever Have Trouble Getting to the Bathroom on Time

RESPONSE CATEGORIES	RESPONSE FREQUENCIES Indians and Alaskan Natives 45+	55+	60+	Cleveland	Rural 45+
Yes	7.4	8.4	10.0	6.6	7.8
Have Catheter/Colostomy	.6	.9	.6	.4	.6
No	92.0	90.8	89.4	9.3	91.6
Valid Responses	662	465	360	1831	489

81b. If So, How Often Do You Wet or Soil Yourself

RESPONSE CATEGORIES	RESPONSE FREQUENCIES Indians and Alaskan Natives 45+	55+	60+	Cleveland	Rural 45+
Once or Twice a Week	33.3	27.3	29.0	50.0	36.1
Three or More Times a Week	66.7	72.7	71.0	50.0	63.9
Valid Responses	42	33	31	8	36

82a. Is There Someone Who Helps You With Such Things as Shopping, Housework, Bathing, Dressing, and Getting Around

RESPONSE CATEGORIES	RESPONSE FREQUENCIES Indians and Alaskan Natives 45+	55+	60+	Cleveland	Rural 45+
No	63.7	60.4	59.4	41.7	60.4
Yes	36.3	39.6	40.6	58.3	39.6
Valid Responses	597	422	325	1828	429

82b. If So, Who Is Your Major Helper

RESPONSE CATEGORIES	RESPONSE FREQUENCIES Indians and Alaskan Natives 45+	55+	60+	Cleveland	Rural 45+
Spouse	33.9	30.2	28.5	32.6	32.1
Brother/Sister	3.8	2.2	2.8	6.4	4.7
Offspring	42.4	44.1	43.8	35.3	43.2
Grandchild	3.8	4.5	5.6	1.7	3.2
Parent	.4	--	--	--	.5
Grandparent	--	--	--	--	--
Other Relative	6.4	7.8	6.9	4.4	6.3
Friend	--	--	--	9.0	--
Other	9.3	11.2	12.5	10.5	10.0
Valid Responses	236	179	144	1058	190

82c. Who Else Helps You

RESPONSE CATEGORIES	RESPONSE FREQUENCIES Indians and Alaskan Natives 45+	55+	60+	Cleveland	Rural 45+
Spouse	5.1	4.2	4.9	1.8	3.4
Brother/Sister	3.0	2.8	1.6	4.9	3.4
Offspring	67.7	67.6	67.2	52.8	68.5
Grandchild	8.1	11.3	11.5	9.5	7.9
Parent	--	--	--	--	--
Grandparent	--	--	--	--	--
Other Relative	16.2	14.1	14.8	7.7	16.9
Friend	--	--	--	11.0	--
Other	--	--	--	12.0	--
Valid Responses	99	71	61	326	89

UTILIZATION OF SERVICES

WHO PROVIDES YOUR TRANSPORTATION WHEN YOU GO SHOPPING, VISIT FRIENDS, GO TO THE DOCTOR, ETC.?

83a. Yourself

	RESPONSE FREQUENCIES				
	Indians and Alaskan Natives			Cleveland	Rural
RESPONSE CATEGORIES	45+	55+	60+		45+
No	42.0	49.0	55.7	61.3	43.8
Yes	58.0	51.0	44.3	38.7	56.2
Valid Responses	665	467	361	1834	491

83b. Your Family or Friends

	RESPONSE FREQUENCIES				
	Indians and Alaskan Natives			Cleveland	Rural
RESPONSE CATEGORIES	45+	55+	60+		45+
No	50.8	47.0	44.9	34.1	48.0
Yes	49.2	53.0	55.1	65.9	52.0
Valid Responses	664	466	361	1834	490

83c. Use Public Transportation (e.g. bus, taxi, subway)

	RESPONSE FREQUENCIES				
	Indians and Alaskan Natives			Cleveland	Rural
RESPONSE CATEGORIES	45+	55+	60+		45+
No	82.7	80.9	80.1	51.4	89.0
Yes	17.3	19.1	19.9	48.6	11.0
Valid Responses	664	466	361	1834	490

83d. Public Agency

	RESPONSE FREQUENCIES				
	Indians and Alaskan Natives			Cleveland	Rural
RESPONSE CATEGORIES	45+	55+	60+		45+
No	90.1	87.8	86.4	95.1	91.0
Yes	9.9	12.2	13.6	4.9	9.0
Valid Responses	664	466	361	1834	490

83e. Other

RESPONSE CATEGORIES	RESPONSE FREQUENCIES Indians and Alaskan Natives 45+	55+	60+	Cleveland	Rural 45+
No	93.6	93.5	91.9	95.7	92.4
Yes	6.2	6.5	8.1	4.3	7.4
Valid Responses	660	464	360	1833	486

84. On the Average, How Many Round Trips Do You Make a Week

RESPONSE CATEGORIES	RESPONSE FREQUENCIES Indians and Alaskan Natives 45+	55+	60+	Cleveland	Rural 45+
None	7.5	9.1	10.6	6.5	9.1
Less Than One A Week	25.9	26.4	27.2	17.9	29.5
One To Three A Week	43.6	42.8	44.1	42.0	38.2
Four Or More	22.9	21.5	18.1	33.6	23.1
Valid Responses	642	451	349	1816	484

85. Do You Feel You Need Transportation More Often Than It Is Available to You Now

RESPONSE CATEGORIES	RESPONSE FREQUENCIES Indians and Alaskan Natives 45+	55+	60+	Cleveland	Rural 45+
No	64.1	63.2	61.0	78.8	59.2
Yes	35.9	36.8	39.0	21.2	40.8
Valid Responses	651	454	349	1826	480

86a. In the Past Six Months, Have You Participated in Any Planned and Organized, Social or Recreational Programs, or in Any Group Activities or Classes (includes pow-wows, Indian feasts or ceremonials)

RESPONSE CATEGORIES	RESPONSE FREQUENCIES Indians and Alaskan Natives 45+	55+	60+	Cleveland	Rural 45+
No	50.0	50.7	51.7	74.0	51.6
Yes	50.0	49.3	48.3	26.0	48.4
Valid Responses	652	456	356	1833	481

86b. If So, How Many Times a Week Did You Participate

RESPONSE CATEGORIES	RESPONSE FREQUENCIES Indians and Alaskan Natives 45+	55+	60+	Cleveland	Rural 45+
Once A Week Or Less	67.8	66.7	65.7	68.9	69.3
Two To Three Times A Week	21.1	22.4	24.1	23.6	19.1
Four Times A Week Or More	10.9	11.0	10.2	7.4	11.2
Valid Responses	304	210	166	470	215

86c. Do You Still Participate in Such Activities or Groups

RESPONSE CATEGORIES	RESPONSE FREQUENCIES Indians and Alaskan Natives 45+	55+	60+	Cleveland	Rural 45+
No	15.0	16.6	15.9	7.0	16.5
Yes	85.0	83.4	84.1	93.0	83.5
Valid Responses	314	217	170	470	224

86d. Do You Feel You Need to Participate in Such Activities or Groups

RESPONSE CATEGORIES	RESPONSE FREQUENCIES Indians and Alaskan Natives 45+	55+	60+	Cleveland	Rural 45+
No	56.0	57.3	57.6	67.8	58.9
Yes	44.0	42.7	42.4	32.2	41.1
Valid Responses	621	431	337	1819	460

87a. Has Anyone Helped You Look for a Job or Counselled You in Regard to Getting Employment in the Past Six Months

RESPONSE CATEGORIES	RESPONSE FREQUENCIES Indians and Alaskan Natives 45+	55+	60+	Cleveland	Rural 45+
No	91.6	93.2	93.5	99.3	93.2
Yes	8.4	6.8	6.5	.7	6.8
Valid Responses	655	457	354	1826	484

87b. If So, Who Helped You

RESPONSE CATEGORIES	RESPONSE FREQUENCIES Indians and Alaskan Natives 45+	55+	60+	Cleveland	Rural 45+
Family Member or Friends	21.7	32.4	39.3	30.0	28.9
Someone From An Agency	55.0	48.6	42.9	70.0	47.4
Both	18.3	10.8	10.7	— —	15.8
Valid Responses	60	37	28	10	38

88. Do You Feel You Need Someone to Help You Find a Job

RESPONSE CATEGORIES	RESPONSE FREQUENCIES Indians and Alaskan Natives 45+	55+	60+	Cleveland	Rural 45+
No	87.9	90.7	91.6	97.4	88.7
Yes	12.1	9.3	8.4	2.6	11.3
Valid Responses	613	429	333	1827	462

89a. During the Past Six Months Have You Worked in a Sheltered Workshop

RESPONSE CATEGORIES	RESPONSE FREQUENCIES Indians and Alaskan Natives 45+	55+	60+	Cleveland	Rural 45+
No	98.8	98.7	98.3	99.8	99.0
Yes	1.2	1.3	1.7	.2	1.0
Valid Responses	656	459	355	1833	485

89b. If So, Do You Still Work There

RESPONSE CATEGORIES	RESPONSE FREQUENCIES Indians and Alaskan Natives 45+	55+	60+	Cleveland	Rural 45+
No	70.0	64.3	61.5	——	75.0
Yes	30.0	35.7	38.5	100	25.0
Valid Responses	20	14	13	2	16

90. Do You Feel You Need to Work in a Sheltered Workshop

RESPONSE CATEGORIES	RESPONSE FREQUENCIES Indians and Alaskan Natives 45+	55+	60+	Cleveland	Rural 45+
No	95.9	94.8	94.2	98.3	95.4
Yes	4.1	5.2	5.8	1.7	4.6
Valid Responses	609	426	330	1819	459

91a. In the Past Six Months, Have You Had Any Occupational or On-the-Job Training

RESPONSE CATEGORIES	RESPONSE FREQUENCIES Indians and Alaskan Natives 45+	55+	60+	Cleveland	Rural 45+
No	94.6	96.5	97.5	99.6	95.5
Yes	5.4	3.5	2.5	8.4	4.5
Valid Responses	661	463	358	1831	487

91b. If So, Was This Full or Part-Time Training

RESPONSE CATEGORIES	RESPONSE FREQUENCIES Indians and Alaskan Natives 45+	55+	60+	Cleveland	Rural 45+
Full Time	30.6	43.8	33.3	--	36.4
Part Time	69.4	56.3	66.7	100	63.6
Valid Responses	36	16	9	8	22

91c. Are You Still in Classes or Training

RESPONSE CATEGORIES	RESPONSE FREQUENCIES Indians and Alaskan Natives 45+	55+	60+	Cleveland	Rural 45+
No	66.0	65.4	70.6	62.5	75.0
Yes	34.0	34.6	29.4	37.5	25.0
Valid Responses	53	26	17	8	36

92. Do You Feel You Need Education or On-the-Job Training to Prepare You for a Job

RESPONSE CATEGORIES	RESPONSE FREQUENCIES Indians and Alaskan Natives 45+	55+	60+	Cleveland	Rural 45+
No	82.0	87.0	88.6	97.5	84.4
Yes	18.0	13.0	11.4	2.5	15.6
Valid Responses	616	431	334	1823	462

93a. In the Past Six Months Have You Had Any Remedial Training or Instruction in Learning Basic Personal Skills (e.g. speech therapy, reality orientation, training for the blind or physically or mentally handicapped)

RESPONSE CATEGORIES	RESPONSE FREQUENCIES Indians and Alaskan Natives 45+	55+	60+	Cleveland	Rural 45+
No	98.6	98.3	98.0	99.6	98.8
Yes	1.4	1.7	2.0	.4	1.2
Valid Responses	657	460	356	1832	485

93b. If So, How Many Sessions a Week Did You Have Over the Past Six Months

RESPONSE CATEGORIES	RESPONSE FREQUENCIES Indians and Alaskan Natives 45+	55+	60+	Cleveland	Rural 45+
Less Than One A Week	50.0	40.0	50.0	28.6	100
One A Week	--	--	--	28.6	--
Two Or More A Week	50.0	60.0	50.0	42.9	--
Valid Responses	6	5	4	7	3

93c. Are You Currently Receiving This Type of Training or Instruction

RESPONSE CATEGORIES	RESPONSE FREQUENCIES Indians and Alaskan Natives 45+	55+	60+	Cleveland	Rural 45+
No	73.3	70.0	77.8	42.9	80.0
Yes	26.7	30.0	22.2	57.1	20.0
Valid Responses	15	10	9	7	10

94. Do You Think You Need Remedial Training or Instruction in Basic Personal Skills

RESPONSE CATEGORIES	RESPONSE FREQUENCIES Indians and Alaskan Natives 45+	55+	60+	Cleveland	Rural 45+
No	91.7	92.4	90.8	98.0	90.3
Yes	8.3	7.6	9.2	2.0	9.7
Valid Responses	618	434	338	1830	462

95a. Have You Had Treatment or Counselling for Personal or Family Problems or for Nervous or Emotional Problems in the Past Six Months

RESPONSE CATEGORIES	RESPONSE FREQUENCIES Indians and Alaskan Natives 45+	55+	60+	Cleveland	Rural 45+
No	94.1	93.7	93.8	97.9	94.1
Yes	5.9	6.3	6.2	2.1	5.9
Valid Responses	659	463	356	1828	488

95b. If So, Were You Hospitalized for Nervous or Emotional Problems

RESPONSE CATEGORIES	RESPONSE FREQUENCIES Indians and Alaskan Natives 45+	55+	60+	Cleveland	Rural 45+
No	92.6	89.7	86.7	75.7	89.5
Yes	7.4	10.3	13.3	24.3	10.5
Valid Responses	54	39	30	37	38

95c. How Many Sessions Have You Had for These Problems (Other Than as an Inpatient) in the Last Six Months

	RESPONSE FREQUENCIES				
	Indians and Alaskan Natives			Cleveland	Rural
RESPONSE CATEGORIES	45+	55+	60+		45+
None, Treatment As Inpatient Only	53.6	52.0	52.5	34.3	56.6
Less Than Four	26.1	26.0	30.0	45.7	26.4
Four to Twelve	18.8	20.0	15.0	17.1	15.1
Thirteen or More	1.4	2.0	2.5	2.9	1.9
Valid Responses	69	50	40	35	53

95d. Are You Still Receiving This Help

	RESPONSE FREQUENCIES				
	Indians and Alaskan Natives			Cleveland	Rural
RESPONSE CATEGORIES	45+	55+	60+		45+
No	60.0	53.8	55.2	39.5	60.9
Yes	40.0	46.2	44.8	60.5	39.1
Valid Responses	60	39	29	38	46

96. Do You Feel You Need Treatment or Counseling for Personal or Family Problems or for Nervous or Emotional Problems

	RESPONSE FREQUENCIES				
	Indians and Alaskan Natives			Cleveland	Rural
RESPONSE CATEGORIES	45+	55+	60+		45+
No	92.5	92.8	92.2	96.2	93.2
Yes	7.5	7.2	7.8	3.8	6.8
Valid Responses	624	431	335	1831	470

97a. Have You Taken Prescription Medicine for Your Nerves in the Past Six Months

	RESPONSE FREQUENCIES				
	Indians and Alaskan Natives			Cleveland	Rural
RESPONSE CATEGORIES	45+	55+	60+		45+
No	89.9	89.5	89.7	80.5	91.3
Yes	10.1	10.5	10.3	19.5	8.7
Valid Responses	652	456	351	1832	484

97b. If So, Are You Still Taking It

RESPONSE CATEGORIES	RESPONSE FREQUENCIES Indians and Alaskan Natives 45+	55+	60+	Cleveland	Rural 45+
No	39.4	40.4	41.5	10.4	37.0
Yes	60.6	59.6	58.5	89.6	63.0
Valid Responses	71	52	41	347	46

98. Do You Feel You Need This Kind of Medication

RESPONSE CATEGORIES	RESPONSE FREQUENCIES Indians and Alaskan Natives 45+	55+	60+	Cleveland	Rural 45+
No	89.3	88.6	89.5	79.9	90.3
Yes	10.7	11.4	10.5	20.1	9.7
Valid Responses	618	429	333	1813	465

99a. In the Past Six Months, Has Someone Helped You With Your Personal Care (e.g. bathing, dressing, feeding, toilet care)

RESPONSE CATEGORIES	RESPONSE FREQUENCIES Indians and Alaskan Natives 45+	55+	60+	Cleveland	Rural 45+
No	91.8	89.1	87.5	88.1	90.7
Yes	8.2	10.9	12.5	11.9	9.3
Valid Responses	655	458	353	1833	482

99b. If So, Who Helped You in This Way

RESPONSE CATEGORIES	RESPONSE FREQUENCIES Indians and Alaskan Natives 45+	55+	60+	Cleveland	Rural 45+
Unpaid Family Member or Friend	62.3	58.3	59.5	76.4	62.8
Hired Helper/Agency Personnel	17.0	18.8	16.7	16.7	16.3
Both	20.8	22.9	23.8	6.9	20.9
Valid Responses	53	48	42	216	43

99c. On the Average, How Much Time Per Day Has This Person Helped You

RESPONSE CATEGORIES	RESPONSE FREQUENCIES Indians and Alaskan Natives 45+	55+	60+	Cleveland	Rural 45+
Less Than Half Hour/Day	19.1	18.6	15.8	32.5	21.1
One Half To One And A Half	19.1	20.9	21.1	19.8	15.8
More Than One And A Half	61.7	60.5	63.2	47.6	63.2
Valid Responses	47	43	38	212	38

99d. Are You Still Being Helped in This Way

RESPONSE CATEGORIES	RESPONSE FREQUENCIES Indians and Alaskan Natives 45+	55+	60+	Cleveland	Rural 45+
No	39.3	37.3	36.4	26.9	36.4
Yes	60.7	62.7	63.6	73.1	63.6
Valid Responses	56	51	44	216	44

100. Do You Feel You Need Help With Bathing, Dressing, Eating, Going to the Toilet, Etc.

RESPONSE CATEGORIES	RESPONSE FREQUENCIES Indians and Alaskan Natives 45+	55+	60+	Cleveland	Rural 45+
No	92.3	89.9	88.8	90.9	91.0
Yes	7.7	10.1	11.2	9.1	.9
Valid Responses	622	436	338	1832	467

101a. During the Past Six Months Have You Had Any Nursing Care (did a nurse or someone else give you treatments or medications prescribed by a doctor)

RESPONSE CATEGORIES	RESPONSE FREQUENCIES Indians and Alaskan Natives 45+	55+	60+	Cleveland	Rural 45+
No	91.3	90.0	88.8	93.5	90.9
Yes	8.7	10.0	11.2	6.5	9.5
Valid Responses	658	462	356	1829	484

101b. If So, Who Helped You in This Way

RESPONSE CATEGORIES	RESPONSE FREQUENCIES Indians and Alaskan Natives 45+	55+	60+	Cleveland	Rural 45+
Unpaid Family Member or Friend	24.1	25.5	24.4	52.1	25.5
Hired Helper/Agency	48.3	42.6	43.9	36.1	44.7
Both	27.6	31.9	31.7	11.8	29.8
Valid Responses	58	47	41	119	47

101c. On the Average, How Many Hours a Day Did You Receive This Help

RESPONSE CATEGORIES	RESPONSE FREQUENCIES Indians and Alaskan Natives 45+	55+	60+	Cleveland	Rural 45+
Occasionally, Not Every Day	53.6	46.7	42.5	28.0	53.3
Gave Oral Medicine Only	7.1	8.9	10.0	20.3	8.9
Less Than One Half Hour Per Day	7.1	8.9	10.0	22.0	8.9
One Half to One Hour Per Day	10.7	13.3	12.5	6.8	6.7
More Than One Hour Per Day	21.4	22.2	25.0	22.9	22.2
Valid Responses	56	45	40	118	45

101d. For How Long Did You Have This Help in the Last Six Months

RESPONSE CATEGORIES	RESPONSE FREQUENCIES Indians and Alaskan Natives 45+	55+	60+	Cleveland	Rural 45+
Less Than One Month	38.6	37.0	40.0	31.0	47.8
One to Three Months	19.3	19.6	20.0	18.1	13.0
More Than Three Months	42.1	43.5	40.0	50.9	39.1
Valid Responses	57	46	40	116	46

101e. Are You Still Receiving Nursing Care

RESPONSE CATEGORIES	RESPONSE FREQUENCIES Indians and Alaskan Natives 45+	55+	60+	Cleveland	Rural 45+
No	39.3	40.0	45.0	39.3	42.2
Yes	60.7	60.0	55.0	60.7	57.8
Valid Responses	56	45	40	117	45

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102. Do You Feel You Need Nursing Care

RESPONSE CATEGORIES	RESPONSE FREQUENCIES Indians and Alaskan Natives 45+	55+	60+	Cleveland	Rural 45+
No	89.4	87.7	86.2	94.6	87.6
Yes	10.6	12.3	13.8	5.4	12.4
Valid Responses	615	431	334	1829	460

103a. During the Past Six Months Have You Received Physical Therapy

RESPONSE CATEGORIES	RESPONSE FREQUENCIES Indians and Alaskan Natives 45+	55+	60+	Cleveland	Rural 45+
No	95.1	94.3	94.6	96.5	94.7
Yes	4.9	5.7	5.4	3.5	5.3
Valid Responses	650	458	351	1832	476

103b. If So, Who Gave You Therapy or Helped You With It

RESPONSE CATEGORIES	RESPONSE FREQUENCIES Indians and Alaskan Natives 45+	55+	60+	Cleveland	Rural 45+
Unpaid Family Member or Friend	--	--	--	6.6	--
Hired Helper/Agency Personnel	67.7	72.0	66.7	86.9	62.5
Both	32.3	28.0	33.3	6.6	37.5
Valid Responses	31	25	18	6124	

103c. On the Average, How Many Times a Week Did Someone Help You With Physical Therapy Activities

RESPONSE CATEGORIES	RESPONSE FREQUENCIES Indians and Alaskan Natives 45+	55+	60+	Cleveland	Rural 45+
Less Than Once A Week	32.3	32.0	33.3	21.3	41.7
Once A Week	12.9	16.0	16.7	13.1	12.5
Two Or More Times A Week	54.8	52.0	50.0	65.6	45.8
Valid Responses	31	25	18	61	24

103d. Are You Still Getting Physical Therapy

	RESPONSE FREQUENCIES				
	Indians and Alaskan Natives			Cleveland	Rural
RESPONSE CATEGORIES	45+	55+	60+		45+
No	61.8	57.7	57.9	70.5	63.0
Yes	38.2	42.3	42.14	29.5	37.0
Valid Responses	34	26	19	61	27

104. Do You Think You Need Physical Therapy

	RESPONSE FREQUENCIES				
	Indians and Alaskan Natives			Cleveland	Rural
RESPONSE CATEGORIES	45+	55+	60+		45+
No	91.1	89.8	89.0	95.3	90.5
Yes	8.9	10.2	11.0	4.7	9.5
Valid Responses	617	432	336	1822	465

105a. During the Past Six Months Was There Any Period When Someone Had To Be With You All the Time to Look After You

	RESPONSE FREQUENCIES				
	Indians and Alaskan Natives			Cleveland	Rural
RESPONSE CATEGORIES	45+	55+	60+		45+
No	86.7	82.7	80.3	91.2	84.9
Yes	13.3	17.3	19.7	8.8	15.1
Valid Responses	646	450	346	1831	476

105b. If So, Who Looked After You

	RESPONSE FREQUENCIES				
	Indians and Alaskan Natives			Cleveland	Rural
RESPONSE CATEGORIES	45+	55+	60+		45+
Unpaid Family Member or Friend	72.3	69.3	72.3	78.1	75.4
Hired Helper/Agency Personnel	10.8	12.0	9.2	12.5	7.2
Both	16.9	18.7	18.5	9.4	17.4
Valid Responses	83	75	65	160	69

105c. Do You Still Have to Have Someone With You All the Time to Look After You

RESPONSE CATEGORIES	RESPONSE FREQUENCIES Indians and Alaskan Natives 45+	55+	60+	Cleveland	Rural 45+
No	45.2	46.7	47.7	30.6	42.9
Yes	54.8	53.3	52.3	69.4	57.1
Valid Responses	84	75	65	160	70

106. Do You Feel You Need to Have Someone With You All the Time to Look After You

RESPONSE CATEGORIES	RESPONSE FREQUENCIES Indians and Alaskan Natives 45+	55+	60+	Cleveland	Rural 45+
No	88.4	85.6	83.7	93.1	86.5
Yes	11.6	14.4	16.3	6.9	13.5
Valid Responses	619	431	332	1824	465

107a. During the Past Six Months Have You Had Someone Regularly (at least five times a week) Check on You by Phone or in Person to Make Sure You Were All Right

RESPONSE CATEGORIES	RESPONSE FREQUENCIES Indians and Alaskan Natives 45+	55+	60+	Cleveland	Rural 45+
No	56.3	50.3	48.0	50.9	55.4
Yes	43.7	49.7	52.0	49.1	44.6
Valid Responses	606	429	331	1751	439

107b. If So, Who Checked on You

RESPONSE CATEGORIES	RESPONSE FREQUENCIES Indians and Alaskan Natives 45+	55+	60+	Cleveland	Rural 45+
Unpaid Family Member or Friend	92.0	91.4	90.6	97.9	90.8
Hired Helper/Agency Personnel	2.4	2.0	2.5	1.1	3.2
Both	5.6	6.6	6.9	1.1	5.9
Valid Responses	249	197	159	853	185

107c. Is Someone Still Checking You at Least Five Times a Week

RESPONSE CATEGORIES	RESPONSE FREQUENCIES Indians and Alaskan Natives 45+	55+	60+	Cleveland	Rural 45+
No	16.2	13.3	13.9	2.6	17.7
Yes	83.8	86.7	86.1	97.4	82.3
Valid Responses	260	203	165	854	192

108. Do You Feel You Need to Have Someone Check on You Regularly (at least five times a week) to Make Sure You Are All Right

RESPONSE CATEGORIES	RESPONSE FREQUENCIES Indians and Alaskan Natives 45+	55+	60+	Cleveland	Rural 45+
No	68.2	63.1	60.6	67.7	66.1
Yes	31.8	36.9	39.4	32.3	33.9
Valid Responses	591	415	320	1828	433

109a. In the Past Six Months, Have You Had Any Help in Finding a New Place to Live, or in Making Arrangements to Move In

RESPONSE CATEGORIES	RESPONSE FREQUENCIES Indians and Alaskan Natives 45+	55+	60+	Cleveland	Rural 45+
No	94.3	93.5	93.9	97.7	96.5
Yes	5.7	6.5	6.1	2.3	3.5
Valid Responses	630	446	344	1831	457

109b. If So, Who Helped You in This Way

RESPONSE CATEGORIES	RESPONSE FREQUENCIES Indians and Alaskan Natives 45+	55+	60+	Cleveland	Rural 45+
Unpaid Family Member or Friend	41.7	39.3	35.0	67.5	47.1
Hired Helper/Agency Personnel	41.7	39.3	25.0	30.0	47.1
Both	16.7	21.4	40.0	2.5	5.9
Valid Responses	36	28	20	40	17

110. Do You Feel You Need Help in Finding a (Another) Place to Live

RESPONSE CATEGORIES	RESPONSE FREQUENCIES Indians and Alaskan Natives 45+	55+	60+	Cleveland	Rural 45+
No	93.3	92.5	93.2	95.0	94.5
Yes	6.7	7.5	6.8	5.0	5.5
Valid Responses	593	414	324	1824	438

111a. During the Past Six Months Did Someone Have to Help You Regularly With Routine Household Chores Because You Were Unable to Do Them

RESPONSE CATEGORIES	RESPONSE FREQUENCIES Indians and Alaskan Natives 45+	55+	60+	Cleveland	Rural 45+
No	75.4	72.8	71.0	71.9	72.1
Yes	24.6	27.2	29.0	28.1	27.9
Valid Responses	631	445	345	1833	458

111b. If So, Who Helped With Household Chores

RESPONSE CATEGORIES	RESPONSE FREQUENCIES Indians and Alaskan Natives 45+	55+	60+	Cleveland	Rural 45+
Unpaid Family Member or Friend	81.9	78.5	75.0	77.0	85.2
Hired Helper/Agency Personnel	7.1	8.3	10.0	18.7	5.5
Both	10.3	13.2	15.0	4.3	8.6
Valid Responses	155	121	100	509	128

111c. For About How Many Hours a Week Did You Have to Have Help With Household Chores

RESPONSE CATEGORIES	RESPONSE FREQUENCIES Indians and Alaskan Natives 45+	55+	60+	Cleveland	Rural 45+
Less Than 4 Hours A Week	50.0	50.0	48.0	33.2	52.0
4-8 Hours A Week	27.0	26.7	28.6	28.0	27.6
9 Or More Hours A Week	23.0	23.3	23.5	38.8	20.3
Valid Responses	148	113	98	485	123

111d. Are You Still Getting This Help

RESPONSE CATEGORIES	RESPONSE FREQUENCIES Indians and Alaskan Natives 45+	55+	60+	Cleveland	Rural 45+
No	19.5	19.4	17.5	7.1	17.8
Yes	80.5	80.6	82.5	92.9	82.8
Valid Responses	159	124	103	506	129

112. Do You Feel You Need Help With Routine Housework

RESPONSE CATEGORIES	RESPONSE FREQUENCIES Indians and Alaskan Natives 45+	55+	60+	Cleveland	Rural 45+
No	72.6	69.3	66.9	70.9	69.3
Yes	27.4	30.7	33.1	29.1	30.7
Valid Responses	592	420	326	1829	436

113a. During the Past Six Months Did Someone Regularly Have to Prepare Meals for You Because You Were Unable to, or Did You Have to Go Out for Meals

RESPONSE CATEGORIES	RESPONSE FREQUENCIES Indians and Alaskan Natives 45+	55+	60+	Cleveland	Rural 45+
No	80.4	78.4	75.9	82.7	77.1
Yes	19.6	21.6	24.1	17.3	22.9
Valid Responses	632	445	345	1831	459

113b. If So, Who Prepared Meals for You

RESPONSE CATEGORIES	RESPONSE FREQUENCIES Indians and Alaskan Natives 45+	55+	60+	Cleveland	Rural 45+
Unpaid Family Member or Friend	83.7	82.1	80.2	86.5	86.3
Hired Helper/Agency Personnel	5.7	5.3	6.2	10.6	3.9
Both	10.6	12.6	13.6	2.9	9.8
Valid Responses	123	95	81	310	102

113c. Is Someone Still Having to Prepare Meals for You

RESPONSE CATEGORIES	RESPONSE FREQUENCIES Indians and Alaskan Natives 45+	55+	60+	Cleveland	Rural 45+
No	19.8	21.6	19.5	16.1	17.9
Yes	80.2	78.4	80.5	83.9	82.1
Valid Responses	126	97	82	310	106

114. Do You Feel You Need to Have Someone Regularly Prepare Meals for You Because You Can't Do It Yourself

RESPONSE CATEGORIES	RESPONSE FREQUENCIES Indians and Alaskan Natives 45+	55+	60+	Cleveland	Rural 45+
No	83.4	81.3	78.4	86.1	80.0
Yes	16.6	18.8	21.6	13.9	20.0
Valid Responses	595	416	324	1824	441

115a. During the Past Six Months Has Anyone Helped You With Any Legal Matters or With Managing Your Personal Business Affairs or Handling Your Money, e.g. Paying Your Bills for You

RESPONSE CATEGORIES	RESPONSE FREQUENCIES Indians and Alaskan Natives 45+	55+	60+	Cleveland	Rural 45+
No	85.4	85.3	84.0	77.4	85.1
Yes	14.6	14.7	16.0	22.6	14.9
Valid Responses	635	449	349	1833	464

115b. If So, Who Helped You

RESPONSE CATEGORIES	RESPONSE FREQUENCIES Indians and Alaskan Natives 45+	55+	60+	Cleveland	Rural 45+
Family Members or Friends	50.6	52.3	56.4	74.9	55.9
Lawyer, Legal Aid,	38.2	33.8	30.9	24.1	32.4
Both	11.2	13.3	12.7	1.0	11.8
Valid Responses	89	65	55	410	68

115c. Are You Still Getting Help With Legal Matters or With Managing Your Personal Business Affairs

RESPONSE CATEGORIES	RESPONSE FREQUENCIES Indians and Alaskan Natives 45+	55+	60+	Cleveland	Rural 45+
No	37.8	35.9	28.3	13.0	32.8
Yes	62.2	64.1	71.7	87.0	67.2
Valid Responses	90	64	53	408	67

116. Do You Think You Need Help With These Matters

RESPONSE CATEGORIES	RESPONSE FREQUENCIES Indians and Alaskan Natives 45+	55+	60+	Cleveland	Rural 45+
No	80.4	80.3	79.1	80.1	77.2
Yes	19.6	19.7	20.9	19.9	22.8
Valid Responses	591	416	325	1831	438

117. In the Past Six Months Has Anyone Like a Doctor or Social Worker Thoroughly Reviewed and Evaluated Your Overall Condition (overall conditions include your health, mental health, social and financial condition)

RESPONSE CATEGORIES	RESPONSE FREQUENCIES Indians and Alaskan Natives 45+	55+	60+	Cleveland	Rural 45+
No	75.9	74.1	73.0	93.0	72.8
Yes	24.1	25.9	27.0	7.0	27.2
Valid Responses	630	444	345	1827	459

118. Do You Feel You Need to Have Someone Review and Evaluate Your Overall Condition in This Way

RESPONSE CATEGORIES	RESPONSE FREQUENCIES Indians and Alaskan Natives 45+	55+	60+	Cleveland	Rural 45+
No	71.0	71.1	69.6	90.3	66.5
Yes	29.0	28.9	30.4	9.7	33.5
Valid Responses	576	402	312	1803	424

119a. During the Past Six Months Did Someone See to It That You Got the Kinds of Help You Needed, Gave You Information About Available Help, or Put You in Touch With Those Who Could Help You

	RESPONSE FREQUENCIES				
	Indians and Alaskan Natives			Cleveland	Rural
RESPONSE CATEGORIES	45+	55+	60+		45+
No	65.4	62.5	62.0	88.7	68.9
Yes	34.6	37.5	38.0	11.3	31.1
Valid Responses	624	443	345	1827	453

119b. If So, Who Was This Person

	RESPONSE FREQUENCIES				
	Indians and Alaskan Natives			Cleveland	Rural
RESPONSE CATEGORIES	45+	55+	60+		45+
Unpaid Family Member or Friend	29.9	30.1	31.3	63.4	36.0
Hired Helper/Agency Personnel	47.7	45.4	44.3	33.1	41.0
Both	22.0	24.5	24.4	3.5	22.3
Valid Responses	214	163	131	202	139

119c. Is There Still Someone Who Does This For You

	RESPONSE FREQUENCIES				
	Indians and Alaskan Natives			Cleveland	Rural
RESPONSE CATEGORIES	45+	55+	60+		45+
No	11.0	10.2	11.3	90.3	12.8
Yes	89.0	89.8	88.7	9.7	87.2
Valid Responses	218	166	133	1830	141

120. Do You Feel You Need to Have Someone Organize or Coordinate the Kinds of Help You Need and Make Arrangements for You to Get Them

	RESPONSE FREQUENCIES				
	Indians and Alaskan Natives			Cleveland	Rural
RESPONSE CATEGORIES	45+	55+	60+		45+
No	55.1	53.2	52.1	84.5	56.0
Yes	44.9	46.8	47.9	15.5	44.0
Valid Responses	601	423	330	1825	443

(End of OARS Interview Schedule)

SEMPA SCORES

At the close of the interview session, the interviewer is instructed to rate the person being evaluated. The ratings represent the interviewer's subjective judgment based upon the elder's responses as well as the interviewer's own observations. Ratings are made on five dimensions: Social Resources, Economic Resources, Mental Health, Physical Health, and Activities of Daily Living.

Results of these ratings are presented below.

Social Resources Overall Rating

RESPONSE CATEGORIES	RESPONSE FREQUENCIES Indians and Alaskan Natives 45+	55+	60+	Cleveland	Rural 45+
Excellent	24.4	23.1	21.9	18.6	23.9
Good	49.8	50.1	48.7	48.6	51.3
Mildly Impaired	16.7	17.2	19.0	21.0	16.2
Moderately Impaired	5.8	5.9	6.7	6.1	6.3
Severely Impaired	2.6	3.2	3.2	4.3	1.4
Totally Impaired	.6	.5	.6	1.3	.8
Valid Responses	618	441	343	1834	489

Ratings Are Defined As Follows:

EXCELLENT SOCIAL RESOURCES.

Social relationships are very satisfying and extensive; at least one person would take care of him(her) indefinitely.

GOOD SOCIAL RESOURCES.

Social relationships are fairly satisfying and adequate and at least one person would take care of him(her) indefinitely.
OR
Social relationships are very satisfying and extensive; and only short term help is available.

MILDLY SOCIALLY IMPAIRED.

Social relationships are unsatisfactory, of poor quality, few; but at least one person would take care of him(her) indefinitely.
OR
Social relationships are fairly satisfactory, adequate; and only short term help is available.

MODERATELY SOCIALLY IMPAIRED.

Social relationships are unsatisfactory, of poor quality, few; and only short term care is available.
OR
Social relationships are at least adequate or satisfactory; but help would only be available now and then.

SEVERELY SOCIALLY IMPAIRED.

Social relationships are unsatisfactory, of poor quality, few; and help would only be available now and then.
OR
Social relationships are at least satisfactory or adequate; but help is not even available now and then.

TOTALLY SOCIALLY IMPAIRED.

Social relationships are unsatisfactory, of poor quality, few; and help is not even available now and then.

Economic Resources Overall Rating

	RESPONSE FREQUENCIES				
	Indians and Alaskan Natives			Cleveland	Rural
RESPONSE CATEGORIES	45+	55+	60+		45+
Excellent	8.2	7.3	6.7	7.4	7.4
Good	32.9	34.5	36.0	38.8	33.9
Mildly Impaired	25.7	24.8	25.7	38.2	24.1
Moderately Impaired	23.6	24.5	22.2	13.2	24.9
Severely Impaired	8.0	8.0	8.2	2.4	8.2
Totally Impaired	1.6	.9	1.2	——	1.4
Valid Responses	635	440	342	1834	489

Ratings Are Defined As Follows:

ECONOMIC RESOURCES ARE EXCELLENT.

Income is ample; Subject has reserves.

ECONOMIC RESOURCES ARE SATISFACTORY.

Income is ample; Subject has no reserves
OR
Income is adequate; Subject has reserves.

ECONOMIC RESOURCES ARE MILDLY IMPAIRED.

Income is adequate; Subject has no reserves
OR
Income is somewhat inadequate; Subject has reserves.

ECONOMIC RESOURCES ARE MODERATELY IMPAIRED.

Income is somewhat inadequate; Subject has no reserves.

ECONOMIC RESOURCES ARE SEVERELY IMPAIRED.

Income is totally inadequate; Subject may or may not have reserves.

ECONOMIC RESOURCES ARE COMPLETELY IMPAIRED.

Subject is destitute, completely without income or reserves.

Mental Health Overall Rating

RESPONSE CATEGORIES	RESPONSE FREQUENCIES Indians and Alaskan Natives 45+	55+	60+	Cleveland	Rural 45+
Excellent	12.0	10.5	9.4	12.9	10.0
Good	62.7	62.8	61.3	52.3	62.7
Mildly Impaired	16.1	16.9	17.3	22.0	17.6
Moderately Impaired	6.6	7.1	8.8	8.3	8.2
Severely Impaired	2.4	2.7	3.2	3.7	1.4
Totally Impaired	.2	——	——	.8	——
Valid Responses	633	438	341	1834	488

Ratings Are Defined As Follows:

OUTSTANDING MENTAL HEALTH.

Intellectually alert and clearly enjoying life. Manages routine and major problems in his life with ease and is free from any psychiatric symptoms.

GOOD MENTAL HEALTH.

Handles both routine and major problems in his life satisfactorily and is intellectually intact and free of psychiatric symptoms.

MILDLY MENTALLY IMPAIRED.

Has mild psychiatric symptoms and/or mild intellectual impairment. Continues to handle routine, though not major, problems in his life satisfactorily.

MODERATELY MENTALLY IMPAIRED.

Has definite psychiatric symptoms, and/or moderate intellectual impairment. Able to make routine, common-sense decisions, but unable to handle major problems in his life.

SEVERELY MENTALLY IMPAIRED.

Has severe psychiatric symptoms and/or moderate intellectual impairment, which interfere with routine judgments and decision making in every day life.

COMPLETELY MENTALLY IMPAIRED.

Grossly psychotic or completely impaired intellectually. Requires either intermittent or constant supervision because of clearly abnormal or potentially harmful behavior.

Physical Health Overall Rating

RESPONSE CATEGORIES	RESPONSE FREQUENCIES Indians and Alaskan Natives 45+	55+	60+	Cleveland	Rural 45+
Excellent	5.5	3.2	1.5	4.5	5.5
Good	44.7	42.3	41.1	34.6	44.8
Mildly Impaired	26.8	28.9	29.4	31.2	27.2
Moderately Impaired	17.0	18.6	20.1	23.7	16.4
Severely Impaired	5.2	6.4	7.3	5.2	5.5
Totally Impaired	.8	.7	.6	.7	.6
Valid Responses	635	440	343	1834	489

Ratings Are Defined As Follows:

IN EXCELLENT PHYSICAL HEALTH.

Engages in vigorous physical activity, either regularly or at least from time to time.

IN GOOD PHYSICAL HEALTH.

No significant illnesses or disabilities. Only routine medical care such as annual check ups required.

MILDLY PHYSICALLY IMPAIRED.

Has only minor illnesses and/or disabilities which might benefit from medical treatment or corrective measures.

MODERATELY PHYSICALLY IMPAIRED.

Has one or more diseases or disabilities which are either painful or which require substantial medical treatment.

SEVERELY PHYSICALLY IMPAIRED.

Has one or more illnesses or disabilities which are either severely painful or life threatening, or which require extensive medical treatment.

TOTALLY PHYSICALLY IMPAIRED.

Confined to bed and requiring full time medical assistance or nursing care to maintain vital bodily functions.

Activities Daily Living Rating

RESPONSE CATEGORIES	RESPONSE FREQUENCIES Indians and Alaskan Natives 45·	55·	60·	Cleveland	Rural 45·
Excellent	14.8	11.4	7.9	16.3	12.1
Good	51.0	49.3	49.4	45.1	50.3
Mildly Impaired	21.6	24.3	25.1	23.0	23.1
Moderately Impaired	6.0	7.0	7.9	9.1	7.4
Severely Impaired	3.5	4.1	5.0	4.8	4.1
Totally Impaired	3.1	3.9	4.7	1.8	3.1
Valid Responses	635	440	342	1834	489

Ratings Are Defined As Follows:

EXCELLENT ADL CAPACITY.

Can perform all of the Activities of Daily Living without assistance and with ease.

GOOD ADL CAPACITY.

Can perform all of the Activities of Daily Living without assistance.

MILDLY IMPAIRED ADL CAPACITY.

Can perform all but one to three of the Activities of Daily Living. Some help is required with one to three, but not necessarily every day. Can get through any single day without help. Is able to prepare his/her own meals.

MODERATELY IMPAIRED ADL CAPACITY.

Regularly requires assistance with at least four Activities of Daily Living but is able to get through any single day without help. Or regularly requires help with meal preparation.

SEVERELY IMPAIRED ADL CAPACITY.

Needs help each day but not necessarily throughout the day or night with many of the Activities of Daily Living.

COMPLETELY IMPAIRED ADL CAPACITY.

Needs help throughout the day and/or night to carry out the Activities of Daily Living.

CUMULATIVE IMPAIRMENT SCORES

The SEMPA ratings (Excellent, Good, Mildly Impaired, Moderately Impaired, Severely Impaired, and Totally Impaired) are assigned numerical values from "1" to "6", Excellent being "1" and Totally Impaired being "6".

The Cumulative Impairment Score (CIS) represents the sum of an elder's ratings on each of the five dimensions of the SEMPA scale: Social Resources, Economic Resources, Mental Health, Physical Health, and Activities of Daily Living.

Thus, an elder who was rated Excellent on all five SEMPA dimension would have a CIS of 5. An elder rated Totally Impaired in all categories would have a CIS of 30.

Frequencies of CIS ratings are presented below.

Cumulative Impairment Score

	RESPONSE FREQUENCIES				
	Indians and Alaskan Natives			Cleveland	Rural
RESPONSE CATEGORIES	45+	55+	60+		45+
5	1.6	1.4	.6	.8	1.3
6	3.1	1.6	1.5	2.3	2.9
7	2.3	2.6	2.1	3.5	1.7
8	5.2	5.2	4.2	4.1	5.2
9	7.3	7.0	7.4	6.6	6.3
10	12.1	11.0	11.0	10.6	12.9
11	13.1	11.9	11.3	12.5	12.7
12	12.0	12.4	13.7	11.1	12.3
13	11.1	11.5	11.6	10.5	11.7
14	7.9	9.6	8.0	9.0	8.4
15	5.2	4.7	5.7	6.7	5.0
16	4.2	4.4	3.9	6.6	4.6
17	3.7	4.9	6.0	4.4	3.5
18	2.7	2.6	2.4	3.5	2.9
19	2.6	2.3	2.7	2.9	2.7
20	2.6	2.8	3.3	2.3	2.5
21	1.3	1.4	1.8	.9	1.7
22	.3	.5	.6	1.1	.2
23	.3	.5	.3	.3	.2
24	.8	.9	1.2	.1	.6
25	.3	.5	.6	.1	.4
27	.2	—	—	—	—
28	.2	.2	.3	—	.2
Valid Responses	619	427	336	1823	479

Responses to the Housing and Transportation Survey

PRELIMINARY INFORMATION

Tribe of Respondent

RESPONSE CATEGORIES	RESPONSE FREQUENCIES Indians and Alaskan Natives 45+	55+	60+	Cleveland	Rural 45+
Bethel	3.4	2.9	3.3		5.0
Cherokee	3.7	4.2	5.6		5.4
Cheyenne Arapaho	2.0	.8	1.1		——
Chickasaw	1.2	1.2	1.7		.4
Colville	.6	.8	1.1		.8
Creek	8.6	9.2	8.3		12.4
Kickapoo	3.7	2.5	3.3		5.4
Navajo	5.4	5.0	3.3		7.9
Osage	4.9	5.0	5.6		7.1
Papago	5.2	5.5	7.2		7.5
Pine Ridge	.6	.4	——		.8
Quinhagek	1.4	1.7	.6		2.1
San Carlos Apache	3.4	2.9	3.3		5.0
San Felipe	.9	.8	1.1		1.2
Seminole	1.4	1.7	1.7		2.1
Seneca	4.6	4.2	5.0		6.6
Sitka	6.6	7.6	8.3		9.5
Tooksook Bay	5.7	5.0	3.3		8.3
Washoe	4.9	4.6	6.1		7.1
Yakima	.3	.4	.6		.4
Zuni	3.4	3.8	4.4		5.0
Denver	.3	.4	.6		——
Minneapolis	8.3	9.7	10.0		——
Oakland	.3	.4	.6		——
Pittsburgh	7.2	9.2	7.2		——
Tacoma	12.0	9.7	6.7		——
Valid Responses	349	238	180		241

Reservation Indian

RESPONSE CATEGORIES	RESPONSE FREQUENCIES Indians and Alaskan Natives 45+	55+	60+	Cleveland	Rural 45+
No	29.3	29.9	25.6		——
Yes	70.7	70.1	74.4		100
Valid Responses	335	234	176		237

Urban Indian

RESPONSE CATEGORIES	RESPONSE FREQUENCIES Indians and Alaskan Natives 45+	55+	60+	Cleveland	Rural 45+
No					
No	70.7	70.1	74.4		100
Yes	29.3	29.9	25.6		——
Valid Responses	334	234	176		236

Which Urban Center

RESPONSE CATEGORIES	RESPONSE FREQUENCIES Indians and Alaskan Natives 45+	55+	60+	Cleveland	Rural 45+
Pittsburgh	26.7	31.4	28.9		50.0
Tulsa	1.0	——	——		50.0
Tacoma	42.6	34.3	28.9		——
Denver	1.0	1.4	2.2		——
Minneapolis	28.7	32.9	40.0		——
Valid Responses	101	70	45		2

Tribe Same As Reservation

RESPONSE CATEGORIES	RESPONSE FREQUENCIES Indians and Alaskan Natives 45+	55+	60+	Cleveland	Rural 45+
No	2.5	1.2	.8		2.5
Yes	97.5	98.8	99.2		97.5
Valid Responses	236	164	131		236

Alaskan

RESPONSE CATEGORIES	RESPONSE FREQUENCIES Indians and Alaskan Natives 45+	55+	60+	Cleveland	Rural 45+
No	86.9	87.2	87.5		82.4
Yes	13.1	12.8	12.5		17.6
Valid Responses	337	234	176		238

Respondent or Informant

RESPONSE CATEGORIES	RESPONSE FREQUENCIES Indians and Alaskan Natives 45+	55+	60+	Cleveland	Rural 45+
Respondent	100	100	100		100
Informant	——	——	——		——
Valid Responses	30	22	15		30

HOUSING

1. Number of Persons in Household

RESPONSE CATEGORIES	RESPONSE FREQUENCIES Indians and Alaskan Natives 45+	55+	60+	Cleveland	Rural 45+
1	32.2	35.1	42.1		28.6
2	25.7	31.1	32.2		24.4
3	10.7	9.6	7.0		9.0
4	9.8	8.8	8.2		11.1
5	5.6	4.8	4.7		6.0
6	4.7	3.5	2.3		6.4
7	4.1	3.1	2.9		5.1
8	2.7	1.8	--		3.4
9	1.2	1.3	.6		1.7
10	.9	.4	--		1.3
11	1.8	--	--		2.1
12	.3	.4	--		.4
51	.3	--	--		.4
Valid Responses	338	228	171		234

2. Age of Household Head

RESPONSE CATEGORIES	RESPONSE FREQUENCIES Indians and Alaskan Natives 45+	55+	60+	Cleveland	Rural 45+
45	1.7	--	--		1.7
46	2.9	--	--		1.7
47	1.7	--	--		1.2
48	2.6	--	--		3.3
49	1.4	--	--		1.2
50	4.3	--	--		4.1
51	5.4	--	--		4.6
52	5.4	--	--		6.2
53	3.4	--	--		5.0
54	2.9	--	--		2.9
55	4.0	5.9	--		2.9
56	2.3	3.4	--		2.9
57	2.9	4.2	--		2.1
58	4.6	6.7	--		2.9
59	2.9	4.2	--		2.9
60	2.3	3.4	4.4		2.1
61	3.2	4.6	6.1		1.7
62	4.3	6.3	8.3		5.8
63	1.1	1.7	2.2		.8
64	3.2	4.6	6.1		2.5

(continued next page)

2. (continued)

RESPONSE CATEGORIES	RESPONSE FREQUENCIES Indians and Alaskan Natives 45+	55+	60+	Cleveland	Rural 45+
65	4.0	5.9	7.8		4.6
66	2.6	3.8	5.0		2.9
67	1.7	2.5	3.3		2.1
68	2.3	3.4	4.4		2.9
69	3.2	4.6	6.1		2.9
70	2.9	4.2	5.6		3.7
71	1.7	2.5	3.3		2.1
72	.9	1.3	1.7		.8
73	1.7	2.5	3.3		1.7
74	3.4	5.0	6.7		3.7
75	2.3	3.4	4.4		2.5
76	1.1	1.7	2.2		1.7
77	.9	1.3	1.7		1.2
78	1.1	1.7	2.2		1.7
79	1.4	2.1	2.8		1.7
80	1.1	1.7	2.2		.8
81	1.4	2.1	2.8		1.7
82	.3	.4	.6		— —
83	.9	1.3	1.7		.4
85	.9	1.3	1.7		.4
86	.3	.4	.6		.4
88	.3	.4	.6		— —
89	.3	.4	.6		.4
90	.6	.8	1.1		.8
95	.3	.4	.6		.4
Valid Responses	349	238	180		241

3. Sex of Household Head

RESPONSE CATEGORIES	RESPONSE FREQUENCIES Indians and Alaskan Natives 45+	55+	60+	Cleveland	Rural 45+
Male	49.4	50.4	47.2		50.4
Female	50.6	49.6	52.8		49.6
Valid Responses	348	238	180		240

4. Marital Status of Household Head

RESPONSE CATEGORIES	RESPONSE FREQUENCIES Indians and Alaskan Natives 45+	55+	60+	Cleveland	Rural 45+
Married	46.2	46.2	37.9		49.8
Widowed	35.1	40.4	49.1		38.3
Divorced	9.8	6.7	7.1		5.3
Separated	4.0	4.0	4.1		2.2
Never Married	4.9	2.7	1.8		4.4
Valid Responses	325	225	169		227

5. When Was the Structure Built

RESPONSE CATEGORIES	RESPONSE FREQUENCIES Indians and Alaskan Natives 45+	55+	60+	Cleveland	Rural 45+
1969-March 31, 1970	7.6	7.4	8.7		9.2
1965-1968	9.9	9.8	9.3		9.2
1960-1964	9.2	8.4	6.8		8.3
1950-1959	11.8	12.1	12.4		10.6
1940-1949	12.1	13.5	16.1		12.4
1939 or earlier	25.8	27.0	28.0		21.7
April 1, 1970 or later	23.6	21.9	18.6		28.6
Valid Responses	314	215	161		217

6. Type of Housing Unit

RESPONSE CATEGORIES	RESPONSE FREQUENCIES Indians and Alaskan Natives 45+	55+	60+	Cleveland	Rural 45+
House	70.8	72.7	73.3		64.7
HU in Nontransient Hotel	.3	.4	.6		.4
Rooming House	.1	1.3	1.7		1.7
Mobile	1.7	.8	.6		1.7
Mobile Plus Room Added	.6	.8	1.1		.8
Other	14.6	13.9	12.2		20.3
Valid Responses	349	238	180		241

7. When Head of Household Moved In

RESPONSE CATEGORIES	RESPONSE FREQUENCIES Indians and Alaskan Natives 45+	55+	60+	Cleveland	Rural 45+
1965-April 1970	14.3	12.8	12.9		15.8
1960-1964	8.1	7.8	7.4		9.5
1950-1959	10.9	10.0	11.0		11.8
1949 or Earlier	16.8	21.5	25.2		19.5
After April 1970	48.3	46.6	41.7		41.2
Valid Responses	321	219	163		221

8a. Do You Take Care of Children, Other Than Your Own, in Your Home for Whom You Do Not Receive Financial Compensation

RESPONSE CATEGORIES	RESPONSE FREQUENCIES Indians and Alaskan Natives 45+	55+	60+	Cleveland	Rural 45+
Not Answered	32.4	31.3	33.3		41.8
Quite Often	13.6	14.0	13.5		10.3
Sometimes	13.6	14.0	9.9		11.5
Almost Never	40.4	40.7	43.2		36.4
Valid Responses	213	150	111		165

8b. If So, How Many of the Foster Children Are Under 2 Years of Age

RESPONSE CATEGORIES	RESPONSE FREQUENCIES Indians and Alaskan Natives 45+	55+	60+	Cleveland	Rural 45+
1	68.0	65.4	58.3		64.3
2	4.0	5.3	8.3		— —
3	4.0	5.3	— —		— —
11	4.0	5.3	8.3		7.1
21	4.0	— —	— —		7.1
41	4.0	5.3	8.3		7.1
62	4.0	5.3	8.3		7.1
71	4.0	— —	— —		7.1
91	4.0	5.3	8.3		— —
Valid Responses	25	19	12		14

8c. How Many Are 2 to 5 Years of Age

RESPONSE CATEGORIES	RESPONSE FREQUENCIES Indians and Alaskan Natives 45+	55+	60+	Cleveland	Rural 45+
1	61.8	60.9	46.2		60.0
2	17.6	17.4	23.1		10.0
10	2.9	4.3	— —		5.0
20	14.7	13.0	23.1		20.0
50	2.9	4.3	7.7		5.0
Valid Responses	34	23	13		20

8d. How Many Are 5 to 10 Years of Age

RESPONSE CATEGORIES	RESPONSE FREQUENCIES Indians and Alaskan Natives 45+	55+	60+	Cleveland	Rural 45+
1	56.3	56.2	46.7		61.1
2	21.9	26.1	26.7		22.2
3	9.4	8.7	6.7		— —
11	3.1	— —	— —		5.6
12	9.4	13.0	20.0		11.1
Valid Responses	32	23	15		18

8e. How Many Are 10 to 16 Years of Age

RESPONSE CATEGORIES	RESPONSE FREQUENCIES Indians and Alaskan Natives 45+	55+	60+	Cleveland	Rural 45+
1	72.2	80.0	83.3		58.3
2	5.6	10.0	— —		8.3
4	16.7	10.0	16.7		25.0
10	5.6	— —	— —		8.3
Valid Responses	18	10	6		12

8f. Do Any of These Children Have Physical or Mental Disabilities Which Require Extensive Care Beyond That Which Is Required by Other Children of the Same Age

RESPONSE CATEGORIES	RESPONSE FREQUENCIES Indians and Alaskan Natives 45+	55+	60+	Cleveland	Rural 45+
No	40.6	41.7	40.0		35.6
Yes, One	2.1	1.5	2.2		1.4
Not Answered	56.8	56.8	57.8		62.3
Valid Responses	192	132	90		146

9. Number of Housing Units in Building

RESPONSE CATEGORIES	RESPONSE FREQUENCIES Indians and Alaskan Natives 45+	55+	60+	Cleveland	Rural 45+
Mobile	2.3	.9	1.3		2.3
One, Detached	45.8	42.5	40.5		50.5
One, Attached	8.4	9.9	11.4		8.4
Two	5.5	6.1	6.3		6.1
Three or Four	11.0	11.8	13.9		11.2
5-9	20.3	21.2	18.4		19.6
10-19	1.9	1.9	1.9		1.4
20-49	2.6	2.8	2.5		.5
50 or more	2.3	2.8	3.8		— —
Valid Responses	310	212	158		214

10a. Number of Stories in Building

RESPONSE CATEGORIES	RESPONSE FREQUENCIES Indians and Alaskan Natives 45+	55+	60+	Cleveland	Rural 45+
1-3	92.9	92.0	90.0		93.9
4-6	4.4	4.0	4.7		5.6
7-12	2.0	3.0	4.0		— —
13 or More	.7	1.0	1.3		.5
Valid Responses	294	200	150		198

10b. If More Than One Story, Is Passenger Elevator Available

RESPONSE CATEGORIES	RESPONSE FREQUENCIES Indians and Alaskan Natives 45+	55+	60+	Cleveland	Rural 45+
No	94.4	94.1	91.8		98.1
Yes	5.6	5.9	8.2		1.9
Valid Responses	160	118	85		106

11. Number of Rooms in Housing Unit

RESPONSE CATEGORIES	RESPONSE FREQUENCIES Indians and Alaskan Natives 45+	55+	60+	Cleveland	Rural 45+
1	3.8	4.6	4.3		5.1
2	7.3	7.9	8.7		9.2
3	9.9	12.0	14.9		8.3
4	15.0	13.0	14.3		12.9
5	25.5	25.5	23.0		26.7
6	16.2	16.7	16.1		17.1
7	9.9	10.2	9.9		11.1
8	5.1	4.2	3.7		3.7
9	2.9	2.3	1.9		2.3
10	2.5	2.3	1.2		2.3
11	.6	.5	.6		.5
14	.3	—	—		—
18	.3	.5	.6		—
20	.6	.5	.6		.9
Valid Responses	314	216	161		217

12. Number of Bedrooms

RESPONSE CATEGORIES	RESPONSE FREQUENCIES Indians and Alaskan Natives 45+	55+	60+	Cleveland	Rural 45+
1	21.0	22.9	26.8		18.7
2	31.1	31.7	31.7		31.1
3	31.1	30.7	29.9		34.2
4	12.4	11.5	7.9		12.3
5	3.2	1.8	1.8		2.7
6	1.0	.9	1.2		.9
9	.3	.5	.6		—
Valid Responses	315	218	164		219

13. Number of Bedrooms Used By More Than Three Persons

RESPONSE CATEGORIES	RESPONSE FREQUENCIES Indians and Alaskan Natives 45+	55+	60+	Cleveland	Rural 45+
One	11.9	10.8	8.8		17.2
Two or More	80.7	7.0	7.5		10.2
None	3.3	82.2	83.6		72.6
Valid Responses	310	213	159		215

14. Use of Telephone

RESPONSE CATEGORIES	RESPONSE FREQUENCIES Indians and Alaskan Natives 45+	55+	60+	Cleveland	Rural 45+
No	65.8	68.3	69.4		54.1
Yes	34.2	31.7	30.6		45.9
Valid Responses	292	205	157		196

15. What Type of Heating Equipment Is Used Most in Your House or Apartment

RESPONSE CATEGORIES	RESPONSE FREQUENCIES Indians and Alaskan Natives 45+	55+	60+	Cleveland	Rural 45+
Central Hot Air	20.6	21.5	22.3		10.7
Heat Pump	.3	.4	.6		.4
Hot Water	7.2	8.1	9.0		5.8
Electric	8.1	6.3	5.4		3.6
Furnace	6.2	7.6	6.6		3.6
Heater With Flue	17.4	16.1	16.9		19.2
Heater Without Flue	20.2	19.3	17.5		29.0
Fireplace	17.4	18.4	19.3		24.1
None	2.5	2.2	2.4		3.6
Valid Responses	321	223	166		224

16. Do You Have Air Conditioning, Either Individual Room Units or a Central System

RESPONSE CATEGORIES	RESPONSE FREQUENCIES Indians and Alaskan Natives 45+	55+	60+	Cleveland	Rural 45+
No	82.9	80.7	79.5		84.8
Yes	17.1	19.3	20.5		15.2
Valid Responses	321	223	166		224

17. Type of Cooking Fuel

RESPONSE CATEGORIES	RESPONSE FREQUENCIES Indians and Alaskan Natives 45+	55+	60+	Cleveland	Rural 45+
Piped Gas	24.1	24.4	25.6		18.0
Bottled Gas	19.7	19.0	22.0		27.9
Electricity	31.7	31.2	27.4		18.9
Fuel Oil	9.7	10.0	9.8		14.0
Coal or Coke	.6	.5	.6		.9
Wood	11.9	12.2	13.4		17.1
Other Fuel	2.2	2.7	1.2		3.2
Valid Responses	319	221	164		222

18. Working Electrical Wall Outlets (Wall Plugs) in Each Room

RESPONSE CATEGORIES	RESPONSE FREQUENCIES Indians and Alaskan Natives 45-	55-	60+	Cleveland	Rural 45-
No	15.6	15.2	16.3		22.0
Yes	84.4	84.8	83.7		78.0
Valid Responses	320	223	166		223

19. Do You Have Complete Kitchen Facilities (i.e. Kitchen Sink, With Piped Water, Refrigerator, and a Range or Cookstove)

RESPONSE CATEGORIES	RESPONSE FREQUENCIES Indians and Alaskan Natives 45-	55-	60+	Cleveland	Rural 45-
Yes, Here Only	87.4	86.9	86.7		82.8
Yes, Shared	1.6	1.8	2.4		1.4
No	11.0	11.3	10.9		15.8
Valid Responses	318	221	165		221

20. Are the Kitchen Sink, Refrigerator, and Range or Cookstove All in Usable Condition

RESPONSE CATEGORIES	RESPONSE FREQUENCIES Indians and Alaskan Natives 45-	55-	60+	Cleveland	Rural 45-
Working	85.8	84.9	85.2		79.6
Not Working	14.2	15.1	14.8		20.4
Valid Responses	288	199	149		191

21a. Do You Have Piped Water in This House (Building)

RESPONSE CATEGORIES	RESPONSE FREQUENCIES Indians and Alaskan Natives 45-	55-	60+	Cleveland	Rural 45-
No	13.6	14.2	12.3		19.1
Yes	86.1	85.4	87.1		80.5
Valid Responses	316	219	163		220

21b. Do You Have Piped Water Available Within 1/4 Mile

RESPONSE CATEGORIES	RESPONSE FREQUENCIES Indians and Alaskan Natives 45-	55-	60+	Cleveland	Rural 45-
No	32.2	32.5	33.5		38.3
Yes	60.1	58.6	58.1		51.7
Valid Responses	348	237	179		240

22. Do You Have Complete Plumbing Facilities in This House (Building); i.e. Hot or Cold Piped Water, a Flush Toilet and a Bath Tub or Shower

	RESPONSE FREQUENCIES				
	Indians and Alaskan Natives			Cleveland	Rural
RESPONSE CATEGORIES	45+	55+	60+		45+
Yes, This Household Only	83.6	84.0	85.4		77.2
Yes, Shared With Other Household	1.0	1.4	1.9		.5
No	15.4	14.6	12.7		22.3
Valid Responses	311	213	158		215

23. How Many Complete Bathrooms or Half Bathrooms Do You Have. (A complete bathroom has flush toilet, bathtub or shower, and wash basin with piped water. A half bathroom has at least a toilet or bathtub or shower.)

	RESPONSE FREQUENCIES				
	Indians and Alaskan Natives			Cleveland	Rural
RESPONSE CATEGORIES	45+	55+	60+		45+
Complete Plumbing Facilities But Not In One Room	4.7	5.2	4.2		6.0
One Complete Bathroom	76.3	77.1	81.9		78.0
One Complete Bathroom Plus Half Bath With No Flush Toilet	10.8	10.4	8.3		9.3
Two Complete Bathrooms	7.2	5.7	4.2		6.0
More Than Two Complete Bathrooms	1.1	1.6	1.4		.5
Valid Responses	278	192	144		182

24a. Is This House Connected to a Public Sewer

	RESPONSE FREQUENCIES				
	Indians and Alaskan Natives			Cleveland	Rural
RESPONSE CATEGORIES	45+	55+	60+		45+
No	40.8	40.8	39.5		50.4
Yes	59.2	59.2	60.5		49.5
Valid Responses	314	218	162		218

24b. What Type of Sewage System Do You Have

RESPONSE CATEGORIES	RESPONSE FREQUENCIES Indians and Alaskan Natives 45+	55+	60+	Cleveland	Rural 45+
Septic	62.2	62.3	62.4		55.9
Chemical	4.1	4.4	4.7		4.9
Privy	11.0	11.4	14.1		13.3
Someone Elses	1.7	1.8	2.4		2.1
Others	20.3	20.2	16.5		23.1
Valid Responses	172	114	85		143

25. Household Head Lived Here Last 90 Days

RESPONSE CATEGORIES	RESPONSE FREQUENCIES Indians and Alaskan Natives 45+	55+	60+	Cleveland	Rural 45+
No	5.6	5.4	4.2		4.0
Yes	94.4	94.6	95.8		96.0
Valid Responses	319	221	165		223

26. At Any Time in the Last 90 Days Were You Completely Without Running Water

RESPONSE CATEGORIES	RESPONSE FREQUENCIES Indians and Alaskan Natives 45+	55+	60+	Cleveland	Rural 45+
No	80.4	80.2	80.0		75.0
Yes	19.6	19.8	20.0		25.0
Valid Responses	306	212	160		216

27. At Any Time in the Last 90 Days Was There a Breakdown in Your Flush Toilet That Made It Completely Unusable

RESPONSE CATEGORIES	RESPONSE FREQUENCIES Indians and Alaskan Natives 45+	55+	60+	Cleveland	Rural 45+
No	86.7	84.2	84.1		85.3
Yes	13.3	15.8	15.9		14.7
Valid Responses	294	202	151		204

28. At Any Time in the Last 90 Days Was There a Breakdown in Your Public Sewer (Septic Tank or Cesspool) That Made It Completely Unusable

	RESPONSE FREQUENCIES			
	Indians and Alaskan Natives			Cleveland	Rural
RESPONSE CATEGORIES	45+	55+	60+		45+
No	92.7	92.3	92.5		91.0
Yes	7.3	7.7	7.5		9.0
Valid Responses	288	195	146		199

29. During the Last 90 Days Did the Roof of This House Leak

	RESPONSE FREQUENCIES			
	Indians and Alaskan Natives			Cleveland	Rural
RESPONSE CATEGORIES	45+	55+	60+		45+
No	69.4	67.6	69.3		64.5
Yes	29.0	30.6	29.4		34.1
Don't Know	1.6	1.9	1.2		1.4
Valid Responses	310	216	163		220

30a. Did the Household Head Live Here Last Winter

	RESPONSE FREQUENCIES			
	Indians and Alaskan Natives			Cleveland	Rural
RESPONSE CATEGORIES	45+	55+	60+		45+
No	9.1	8.5	7.8		5.8
Yes	90.6	91.0	91.6		94.2
Valid Responses	320	223	167		223

30b. Did Your Heating Equipment Break Down During the Winter, So That It Was Completely Unusable for Six Consecutive Hours or More

	RESPONSE FREQUENCIES			
	Indians and Alaskan Natives			Cleveland	Rural
RESPONSE CATEGORIES	45+	55+	60+		45+
No	84.5	84.8	83.9		80.5
Yes	15.5	15.2	16.1		19.5
Valid Responses	283	197	149		200

31. Does This House (Apartment) Have Open Cracks or Holes in the Interior or Ceiling

RESPONSE CATEGORIES	RESPONSE FREQUENCIES Indians and Alaskan Natives 45+	55+	60+	Cleveland	Rural 45+
No	77.7	77.4	78.2		74.0
Yes	22.3	22.6	21.8		26.0
Valid Responses	319	221	165		223

32. Does This House (Apartment) Have Holes in the Floors

RESPONSE CATEGORIES	RESPONSE FREQUENCIES Indians and Alaskan Natives 45+	55+	60+	Cleveland	Rural 45+
No	90.4	89.8	89.3		88.0
Yes	9.6	10.2	10.7		12.0
Valid Responses	312	215	159		216

33. Is There Any Area of Broken Plaster on the Ceiling or Inside Walls Which Is Larger Than This Piece of Paper (9 x 12)

RESPONSE CATEGORIES	RESPONSE FREQUENCIES Indians and Alaskan Natives 45+	55+	60+	Cleveland	Rural 45+
No	84.6	84.2	85.5		81.9
Yes	15.1	15.3	13.8		17.7
Valid Reasons	311	215	159		215

34. Is There Any Area of Peeling Paint on the Ceiling or Inside Walls Which Is Larger Than 9 x 12

RESPONSE CATEGORIES	RESPONSE FREQUENCIES Indians and Alaskan Natives 45+	55+	60+	Cleveland	Rural 45+
No	81.8	81.0	81.9		78.8
Yes	18.2	19.0	18.1		21.2
Valid Responses	308	211	155		212

35. Are There Loose, Broken, or Missing Steps on Any Common Stairways Inside This Building or Attached to This Building

RESPONSE CATEGORIES	RESPONSE FREQUENCIES Indians and Alaskan Natives 45+	55+	60+	Cleveland	Rural 45+
No	58.2	59.2	57.3		47.0
Yes	6.1	6.1	6.4		6.0
No Common Stairways	35.7	34.7	36.3		47.0
Valid Responses	311	213	157		215

36. Are All Stair Railings Firmly Attached

RESPONSE CATEGORIES	RESPONSE FREQUENCIES Indians and Alaskan Natives 45+	55+	60+	Cleveland	Rural 45+
No	8.4	8.8	9.0		9.0
Yes	49.5	53.8	49.6		37.3
No Railings	42.1	37.4	41.4		53.7
Valid Responses	273	182	133		177

TRANSPORTATION

37. How Often Do You Go Food Shopping

RESPONSE CATEGORIES	RESPONSE FREQUENCIES Indians and Alaskan Natives 45+	55+	60+	Cleveland	Rural 45+
Every Day	6.7	5.6	5.6		7.3
Several Times Per Week	30.4	25.6	22.4		29.5
Once Per Week	36.1	36.7	36.6		36.4
Once Every Two Weeks	14.4	16.7	19.9		14.5
Once Per Month	8.0	9.8	10.6		7.3
Few Times Per Year	1.6	1.9	.6		1.8
Never	2.9	3.7	4.3		3.2
Valid Responses	313	215	161		220

38. How Often Do You Go to Other Stores

RESPONSE CATEGORIES	RESPONSE FREQUENCIES Indians and Alaskan Natives 45+	55+	60+	Cleveland	Rural 45+
Everyday	1.1	1.0	1.3		1.0
Several Times Per Week	15.1	12.6	12.0		16.1
Once Per Week	24.2	20.2	18.7		27.6
Once Every Two Weeks	12.6	14.6	14.0		12.5
Once Per Month	24.9	25.3	28.7		22.9
Few Times Per Year	15.8	17.7	17.3		13.0
Never	6.3	8.6	8.0		6.8
Valid Responses	285	198	150		192

39. How Often Do You Go to the Doctor, Dentist, or Health Clinic

RESPONSE CATEGORIES	RESPONSE FREQUENCIES Indians and Alaskan Natives 45+	55+	60+	Cleveland	Rural 45+
Everyday	.3	.5	—		—
Several Times Per Week	.7	.5	—		.5
Once Per Week	3.3	4.5	4.0		2.8
Once Every Two Weeks	8.7	8.9	9.3		8.5
Once Per Month	26.8	30.7	31.1		28.0
Few Times Per Year	50.2	45.0	47.0		49.8
Never	10.0	9.9	8.6		10.4
Valid Responses	299	202	151		211

40. How Often Do You Go to Work (if employed)

RESPONSE CATEGORIES	RESPONSE FREQUENCIES Indians and Alaskan Natives 45+	55+	60+	Cleveland	Rural 45+
Everyday	52.4	29.1	19.6		52.3
Several Times Per Week	4.8	8.1	10.7		5.8
Once Per Week	.7	1.2	—		1.2
Once Every Two Weeks	1.4	2.3	—		2.3
Once Per Month	—	—	—		—
Few Times Per Year	2.7	2.3	3.6		4.7
Never	38.1	57.0	66.1		33.7
Valid Responses	147	86	56		86

41. How Often Do You Visit Your Nearest Friend or Relative

RESPONSE CATEGORIES	RESPONSE FREQUENCIES Indians and Alaskan Natives 45+	55+	60+	Cleveland	Rural 45+
Everyday	17.1	15.5	18.3		16.3
Several Times Per Week	24.7	25.1	20.9		25.5
Once Per Week	23.7	22.7	20.9		21.6
Once Every Two Weeks	10.4	9.7	11.1		11.5
Once Per Month	9.4	9.7	9.2		8.2
Few Times Per Year	5.4	6.3	6.5		5.8
Never	9.4	11.1	13.1		11.1
Valid Responses	299	207	153		208

42. How Often Do You Go to Recreation, Church or Education

RESPONSE CATEGORIES	RESPONSE FREQUENCIES Indians and Alaskan Natives 45+	55+	60+	Cleveland	Rural 45+
Everyday	5.7	4.1	3.4		3.6
Several Times Per Week	16.3	15.5	16.6		14.2
Once Per Week	37.6	36.8	33.8		40.1
Once Every Two Weeks	5.0	5.7	5.5		6.1
Once Per Month	9.2	8.3	8.3		9.1
Few Times Per Year	7.4	8.3	9.0		8.1
Never	18.8	21.2	23.4		18.8
Valid Responses	282	193	145		197

43. How Often Do You Go to the Post Office or Mailbox

RESPONSE CATEGORIES	RESPONSE FREQUENCIES Indians and Alaskan Natives 45+	55+	60+	Cleveland	Rural 45+
Everyday	52.9	46.5	42.0		46.3
Several Times Per Week	15.4	14.5	15.3		21.2
Once Per Week	7.5	7.5	7.3		10.3
Once Every Two Weeks	2.0	3.0	3.3		1.5
Once Per Month	5.5	5.5	5.3		5.9
Few Times Per Year	2.4	3.5	4.0		2.5
Never	14.3	19.5	22.7		12.3
Valid Responses	293	200	150		203

44. How Far Do You Have to Go to Shop for Food

RESPONSE CATEGORIES	RESPONSE FREQUENCIES Indians and Alaskan Natives 45+	55+	60+	Cleveland	Rural 45+
Less Than 1 Mile	31.3	31.2	29.1		27.5
1-5 Miles	31.6	30.8	27.9		28,7
6-10 Miles	8.9	8.4	10.1		11.7
11-25 Miles	8.9	9.3	11.7		11.2
More Than 25 Miles	6.9	8.0	7.3		10.0
N/A	12.4	12.2	14.0		10.8
Valid Responses	348	237	179		240

45. How Far Is It to Other Stores

RESPONSE CATEGORIES	RESPONSE FREQUENCIES Indians and Alaskan Natives 45+	55+	60+	Cleveland	Rural 45+
Less Than 1 Mile	16.6	16.0	16.7		13.7
1-5 Miles	28.7	30.7	28.9		23.7
6-10 Miles	10.9	10.1	10.0		10.0
11-25 Miles	8.6	7.1	7.8		10.0
More Than 25 Miles	13.8	14.3	15.0		19.9
N/A	21.5	21.8	21.7		22.8
Valid Responses	274	186	141		186

46. How Far Is It to the Doctor, Dentist or Health Clinic

RESPONSE CATEGORIES	RESPONSE FREQUENCIES Indians and Alaskan Natives 45+	55+	60+	Cleveland	Rural 45+
Less Than 1 Mile	12.9	12.6	12.2		12.9
1-5 Miles	30.9	32.8	31.7		26.6
6-10 Miles	9.5	8.4	8.9		5.0
11-25 Miles	9.7	9.7	10.0		11.2
More Than 25 Miles	19.5	19.3	18.3		27.8
N/A	17.5	17.2	18.9		16.6
Valid Responses	288	197	146		201

47. How Far Is It to Work (If Employed)

RESPONSE CATEGORIES	RESPONSE FREQUENCIES Indians and Alaskan Natives 45+	55+	60+	Cleveland	Rural 45+
Less Than 1 Mile	11.2	7.6	5.0		9.5
1-5 Miles	8.3	7.1	5.0		9.5
6-10 Miles	3.2	1.3	— —		2.1
11-25 Miles	4.0	.8	.6		3.3
More Than 25 Miles	2.3	1.3	1.7		2.9
N/A	71.1	81.9	87.8		72.6
Valid Responses	101	43	22		66

48. How Far Is It to Your Nearest Friend or Relative

RESPONSE CATEGORIES	RESPONSE FREQUENCIES Indians and Alaskan Natives 45+	55+	60+	Cleveland	Rural 45+
Less Than 1 Mile	41.3	41.6	42.2		44.8
1-5 Miles	24.4	24.8	24.4		24.9
6-10 Miles	7.4	7.1	6.1		4.6
11-25 Miles	5.2	5.0	3.3		4.1
More Than 25 Miles	2.9	3.4	3.3		2.9
N/A	18.9	18.1	20.6		18.7
Valid Responses	283	195	143		196

49. How Far Is It to Recreation, Church or Education

RESPONSE CATEGORIES	RESPONSE FREQUENCIES Indians and Alaskan Natives 45+	55+	60+	Cleveland	Rural 45+
Less Than 1 Mile	28.7	27.7	26.7		30.7
1-5 Miles	23.8	22.3	21.7		22.4
6-10 Miles	8.3	8.0	8.9		8.7
11-25 Miles	3.2	3.4	3.3		2.5
More Than 25 Miles	3.7	3.8	2.2		3.7
N/A	32.4	34.9	37.2		32.0
Valid Responses	236	155	113		164

50. How Far Is It to the Post Office or Mailbox

RESPONSE CATEGORIES	RESPONSE FREQUENCIES Indians and Alaskan Natives 45+	55+	60+	Cleveland	Rural 45+
Less Than 1 Mile	50.4	47.5	43.8		43.3
1-5 Miles	17.9	18.2	18.5		24.6
6-10 Miles	4.3	4.2	4.5		5.8
11-25 Miles	2.6	2.5	3.4		3.7
More Than 25 Miles	1.7	2.1	1.7		2.5
N/A	23.1	25.4	28.1		20.0
Valid Responses	347	236	178		240

51. How Do You Get to the Food Store

RESPONSE CATEGORIES	RESPONSE FREQUENCIES Indians and Alaskan Natives 45-	55-	60-	Cleveland	Rural 45-
Walk	15.2	16.8	17.2		17.0
Drive	39.5	32.4	25.6		35.7
Driven by Friend/Relative	25.2	30.3	33.3		29.5
Public Transportation	4.9	4.6	5.6		4.1
Social Service Agency	.6	.8	1.1		.8
Other	1.4	1.7	2.2		.8
Valid Responses	349	238	180		241

52. How Do You Get to Other Stores

RESPONSE CATEGORIES	RESPONSE FREQUENCIES Indians and Alaskan Natives 45-	55-	60-	Cleveland	Rural 45-
Walk	8.0	9.7	11.2		7.5
Drive	38.8	32.9	25.7		34.2
Driven by Friend/Relative	25.0	28.3	31.8		30.4
Public Transportation	6.0	6.3	8.4		4.2
Social Service Agency	.6	.8	1.1		.8
Other	.3	— —	— —		.4
Valid Responses	348	237	179		240

53. How Do You Get to the Doctor, Dentist or Health Clinic

RESPONSE CATEGORIES	RESPONSE FREQUENCIES Indians and Alaskan Natives 45-	55-	60-	Cleveland	Rural 45-
Walk	5.5	5.5	5.6		5.4
Drive	35.9	30.4	22.3		31.3
Driven by Friend/Relative	20.4	24.1	25.7		23.7
Public Transportation	8.3	9.7	11.7		5.8
Social Service Agency	4.3	6.3	7.8		4.6
Other	7.8	5.9	5.0		10.8
Valid Responses	348	237	179		240

54. How Do You Get to Work (If Employed)

RESPONSE CATEGORIES	RESPONSE FREQUENCIES Indians and Alaskan Natives 45+	55+	60+	Cleveland	Rural 45+
Walk	5.7	3.8	2.2		5.0
Drive	20.9	11.3	7.2		18.7
Driven by Friend/Relative	3.7	4.2	3.9		4.1
Public Transportation	.6	.4	.6		.4
Social Service Agency	— —	— —	— —		— —
Other	.6	.4	.6		.8
Valid Responses	349	238	180		241

55. How Do You Get to Friends and Relatives

RESPONSE CATEGORIES	RESPONSE FREQUENCIES Indians and Alaskan Natives 45+	55+	60+	Cleveland	Rural 45+
Walk	24.9	24.4	26.7		29.5
Drive	33.0	28.2	21.1		29.9
Driven by Friend/Relative	17.2	21.4	21.7		16.2
Public Transportation	2.0	2.1	2.8		1.2
Social Service Agency	— —	— —	— —		— —
Other	— —	— —	— —		— —
Valid Responses	349	238	180		241

56. How Do You Get to Recreation, Church or Education

RESPONSE CATEGORIES	RESPONSE FREQUENCIES Indians and Alaskan Natives 45+	55+	60+	Cleveland	Rural 45+
Walk	19.5	19.4	19.0		21.2
Drive	31.3	26.6	21.8		28.7
Driven by Friend/Relative	13.2	16.5	19.0		15.0
Public Transportation	3.4	3.0	3.9		3.3
Social Service Agency	— —	— —	— —		— —
Other	.3	.4	.6		— —
Valid Responses	348	237	179		240

57. How Do You Get to the Post Office or Mailbox

RESPONSE CATEGORIES	RESPONSE FREQUENCIES Indians and Alaskan Natives 45-	55-	60-	Cleveland	Rural 45-
Walk	40.5	40.4	37.6		32.8
Drive	21.1	17.4	15.2		26.5
Driven by Friend/Relative	10.4	11.5	12.9		13.9
Public Transportation	2.3	1.7	1.7		2.9
Social Service Agency	.9	1.3	1.7		.8
Other	.3	--	--		.4
Valid Responses	346	235	178		238